

2004

Wisconsin
Home Health
Agencies
and Patients

*Bureau of Health Information and Policy
Division of Public Health
Wisconsin Department of Health and Family Services*

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2004

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Division of Public Health
Wisconsin Department of Health and Family Services*

Foreword

This report presents selected statistics on Wisconsin-licensed home health agencies and their patients for 2004.

The source of data for most of the information in this report is the 2004 Annual Survey of Home Health Agencies. This survey is conducted annually by the Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, in cooperation with the Division of Health Care Financing, Bureau of Fee-for-Service Health Care Benefits; the Division of Disability and Elder Services, Bureau of Quality Assurance; and Wisconsin-licensed home health agencies.

The Bureau of Health Information and Policy would like to acknowledge and thank the personnel of Wisconsin home health agencies who provided information on their agencies and the patients they serve.

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Introduction

The source of all agency-based data and most of the patient-based data for this report is the Annual Survey of Home Health Agencies, conducted by the Wisconsin Department of Health and Family Services. This survey collects information from agencies that provide both home health care and personal care, as well as those that provide home health care only. **It does not collect information from agencies that provide personal care only.**

In general, *home health care services* may include the following services in accordance with the patient's plan of care: skilled nursing, respiratory care, home health aide, personal care, medication management, medical social services, and physical, occupational, and speech and language therapies. Home health agencies may also provide durable medical equipment and durable medical supplies. *Personal care services* assist an individual with activities of daily living necessary to maintain the individual in his or her place of residence in the community. Personal care may include assistance with bathing, transferring, eating, grooming, dressing, toileting, meal preparation, and light cleaning in essential areas of the home used during personal care service activities.

In 1997, nine Wisconsin home health agencies surrendered their licenses due to either closure or merger with other agencies. In 1998, 21 agencies closed or merged. In 1999, the number of home health agencies declined by 15 (19 agencies closed or merged and four agencies opened). In 2000, there was a net decline of two agencies. In 2001, six home health agencies closed and one opened. In 2002, nine home health agencies closed and four opened. Over the period 1997-2002, the total number of home health agencies in Wisconsin declined 24 percent, with governmental agencies declining 34 percent, nonprofit agencies 19 percent, and proprietary agencies 25 percent. In 2003, there was a net increase of five home health agencies, the first increase since 1997. In 2004, there was a net decrease of three home health agencies.

These declines in the number of home health agencies also occurred nationally, and came after the federal government made changes in the levels of reimbursement for home health services in 1997. The federal Balanced Budget Act (October 1997) reduced Medicare reimbursements for home health care to 1994 levels. In addition, it required the Centers for Medicare and Medicaid Services (then called the Health Care Financing Administration) to replace Medicare's cost-based, per-visit payment method with a prospective payment system or PPS (see Technical Notes on Page 32). The PPS was implemented on October 1, 2000, and incorporates payment rates based on the national average cost of providing care in 1997, adjusted downward to reflect projected utilization in the current year.

The Government Accountability Office, an arm of the U.S. Congress, found that the introduction of Medicare's PPS, while encouraging efficiency, also provides incentives for home health agencies to decrease services in order to increase net revenues. Because the payment for a particular patient's care is divorced from the agency's cost of delivering that care, an agency that delivers care for less than the payment amount can profit; conversely, an agency will lose financially if its service costs are higher than the payment (GAO-02-663, May 6, 2002).

The 2004 Wisconsin survey population consisted of 147 home health agencies. The Bureau of Quality Assurance (BQA) sent the survey form to all licensed home health agencies in April 2005 as part of the annual reporting requirements. Only agencies that were still in operation in April 2005 were mailed the 2004 survey. Agencies in operation in 2004 that did not complete the survey consisted of agencies that closed before April 2005, and agencies that were still operating in April 2005 but closed within several months and did not return the survey. Because agencies that closed in 2004 did not contribute data to this survey, the survey findings understate actual home health activity in 2004.

The information in this report is for calendar year 2004, with the following exceptions:

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- Home health agency staffing information (Tables 3 and 4, Figures 1 and 2) presents the number of employees during the week of November 28 to December 4, 2004.
 - The statewide financial information combines revenue and expenses of various fiscal years (12-month periods), nearly all of which ended in 2004. The effect of this variation on inter-agency comparison is not known.

This report includes six tables of patient-based data derived from the federal Home Health Care Outcome and Assessment Information Set (OASIS). (See Tables 9, 10, 11, 12, 13, and 14.)

Since October 1999, the federal Centers for Medicare and Medicaid Services has required the collection and reporting of OASIS data by home health agencies as a Condition of Participation in the Medicare and Medicaid programs. The purpose of OASIS is to improve the quality of home health care services through outcome measurement and performance improvement.

Home health agencies collect OASIS data as part of a comprehensive assessment of each patient used to develop the patient's plan of care, assess that care over the course of treatment, and improve the quality of care provided. OASIS includes information on medical conditions and patient history; medical, physical, mental and cognitive status; drug therapy; and other measures of mental and physical well-being. It also includes information on living arrangements and supportive assistance, and needs for assistance with instrumental activities of daily living (IADLs) and activities of daily living (ADLs).

OASIS data for 2004 were submitted by the 140 Medicare- and Medicaid-certified home health agencies in Wisconsin, an increase of six agencies from 2003. The six OASIS-based tables in this report contain information for only 58 percent of all Wisconsin home health care patients in 2004: those who had either Medicare or Medicaid (or both) as a payment source and were receiving skilled care. Nevertheless, the detailed data in these tables are an important source of information about home health patients in Wisconsin.

Key Findings

- One hundred forty-seven home health agencies completed the 2004 survey, representing an overall decrease of three agencies (2 percent) from 2003. Three nonprofit agencies and one governmental agency closed in 2004, and one proprietary agency opened.
- The number of home health patients in Wisconsin declined less than 1 percent in 2004, while the number of home health visits increased 2 percent.
- Between 1997 and 2004, the number of home health patients declined by 20 percent, and the number of home health visits decreased by 25 percent.
- During the week of November 28 to December 4, 2004, there were 4,636 full-time equivalent employees (FTEs) employed by Wisconsin home health agencies, a decrease of 64 (1 percent) from the 4,700 FTEs reported in December 2003.
- On average, there were 6.7 home health agency FTEs per 100 home health patients in 2004 in Wisconsin.
- Wood County had the lowest number of FTEs per 100 home health patients (2.2) while Waupaca County had the highest (39.6).
- Sixty-four percent of home health patients in Wisconsin were age 65 and over, compared with 63 percent in 2003.
- There were 12.5 home health patients per 1,000 total Wisconsin population in 2004, compared with 12.7 in 2003.
- Of the total 44,193 home health patients aged 65 and older in 2004, 62 percent (27,243) were females and 38 percent (16,950) were males.
- The home health utilization rate of Wisconsin females age 65 and older in 2004 was 65.2 per 1,000 (66.6 per 1,000 in 2003). The utilization rate for males age 65 and older was 56.2 per 1,000 (54.1 per 1,000 in 2003).
- Among Wisconsin males aged 85 and older, 138 of every 1,000 used home health services in 2004, up from 131 per 1,000 in 2003. The utilization rate for females aged 85 and older declined from 123 per 1,000 in 2003 to 113 per 1,000 in 2004.
- Total home health admissions decreased half a percent in 2004 (to 62,824). Admissions from nursing homes increased 5 percent, admissions from hospitals increased 1 percent, and admissions from private residences declined 3 percent.
- Total home health discharges increased 1 percent in 2004 (to 62,805). Discharges to hospitals and private residences changed very little, but discharges to nursing homes decreased 2 percent.
- Out of 32,690 Medicare and/or Medicaid home health patients receiving skilled care in 2004, 13 percent were independent in bathing, 18 percent were independent in ambulating, 35 percent were independent in transferring, 73 percent were independent in toilet use, and 78 percent were independent in eating. All these percentages decreased from 2003.
- The proportion of these home health patients who were independent in transferring decreased to 35 percent in 2004 from 38 percent in 2003. Forty-seven percent were independent in transferring in 2000.

Key Findings

- In 2004, only 2 percent to 6 percent of home health patients with Medicare and/or Medicaid and requiring skilled care were independent in shopping, housekeeping, laundry and transportation – four of the daily tasks called “Instrumental Activities of Daily Living (IADLs).”
- Of home health patients in 2004 who had Medicare and/or Medicaid as a payment source and were receiving skilled care, 20 percent had no primary caregiver other than home health agency staff (21 percent in 2003).
- In 2004, 50 percent of Medicare and/or Medicaid home health patients receiving skilled care had a “length of stay” between 181 days and 365 days. “Length of stay” is the amount of time a patient has been receiving home health agency services during the current admission.
- Ninety-three percent of Medicare home health patients receiving skilled care were over age 65, while only 21 percent of Medicaid patients were in this age group.
- Among all home health patients in 2004, 83 percent received skilled nursing services (the same percentage as in 2003) and 41 percent received physical therapy (up from 38 percent in 2003 and 35 percent in 2002). In 1996, only 49 percent of home health patients received skilled nursing services and 12 percent received physical therapy.
- The percent of home health patients who received occupational therapy increased from 13 percent in 2003 to 16 percent in 2004. In 1996, only 4 percent of home health patients received occupational therapy services.
- The average length of a home health visit in 2004 statewide was 1.7 hours, up from 1.6 hours in 2003.
- Home health patients received an average of 50 visits each in 2004, up from 49 visits in 2003.
- Reported gross patient revenue of home health agencies statewide increased 6.4 percent, from \$251.5 million in 2003 to \$267.7 million in 2004.
- Total agency revenue statewide was \$228.3 million in 2004, up 7 percent from \$213.4 million in 2003.
- In 2004, 57 percent of home health patients used Medicare as a payment source (55 percent in 2003 and 51 percent in 2002); 16 percent used Medicaid (15 percent in 2003 and 14 percent in 2002); 1 percent used Family Care; 21 percent used private insurance (23 percent in 2003); and 3 percent paid by themselves (3 percent in 2003).
- The total number of Wisconsin home health patients using Medicare as a source of payment increased 3 percent in 2004 (to 41,319).
- The total number of home health patients using Medicaid as a payment source increased 4 percent in 2004 (to 11,831).
- In 2004, Medicare payments as reported by home health agencies statewide totaled \$106.7 million, an increase of 8 percent from \$98.5 million in 2003. The number of home health patients using Medicare as a source of payment increased 3 percent in 2004.
- In State Fiscal Year 2004, total Medicaid payments to the state’s home care industry, as reported by the Wisconsin Division of Health Care Financing, were approximately \$15.2 million more than in SFY 2003. This represents an increase of 9 percent. DHCF-reported payments to home health agencies only (excluding other home care providers) increased by \$3.6 million, or 6 percent.

Table 1. Home Health Agencies, Patients and Visits by Ownership Type, Wisconsin 1997-2004

Number of Home Health Agencies				
Year	State Total	Ownership of Agency		
		Governmental	Nonprofit	Proprietary
1997	191	41	81	69
1998	172	36	74	62
1999	157	32	73	52
2000	155	32	70	53
2001	150	31	69	50
2002	145	27	66	52
2003	150	26	65	59
2004	147	25	62	60
Number of Home Health Patients				
Year	State Total	Ownership of Agency		
		Governmental	Nonprofit	Proprietary
1997	86,866	9,123	61,796	15,947
1998	80,052	7,772	57,907	14,373
1999	74,600	6,369	57,808	10,423
2000	72,046	5,987	54,765	11,294
2001	69,929	5,310	53,473	11,146
2002	68,834	4,863	52,914	11,057
2003	69,746	4,759	53,327	11,660
2004	69,510	4,893	52,320	12,297
Number of Home Health Visits				
Year	State Total	Ownership of Agency		
		Governmental	Nonprofit	Proprietary
1997	4,650,803	444,117	2,624,169	1,582,517
1998	3,897,641	355,848	2,232,184	1,309,609
1999	3,634,574	266,537	2,061,098	1,306,939
2000	3,436,034	250,059	1,892,554	1,293,421
2001	3,274,139	205,186	1,758,153	1,310,800
2002	3,202,652	194,067	1,707,659	1,300,926
2003	3,444,244	193,383	1,722,717	1,528,144
2004	3,496,851	191,480	1,666,586	1,638,785

Source: Annual Survey of Home Health Agencies, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- One hundred forty-seven home health agencies completed the 2004 survey, representing an overall decrease of three agencies (2 percent) from 2003. Three nonprofit agencies and one governmental agency closed in 2004, and one proprietary agency opened.
- The number of home health patients in Wisconsin declined less than 1 percent in 2004, while the number of home health visits increased 2 percent.
- Between 1997 and 2004, the number of home health patients declined by 20 percent, and the number of home health visits decreased by 25 percent.
- The share of home health patients served by governmental agencies declined from 11 percent in 1997 to 7 percent in 2004, while the share served by nonprofit agencies increased from 71 percent to 75 percent.

Table 2. Home Health Agencies Certified to Provide Medicare, Medicaid, Personal Care, Hospice, and HealthCheck (EPSDT) Services; and Agencies that are a Department of or Affiliated with a Hospital, Wisconsin 1997-2004

Year	Number of Agencies			
	Certified by Medicare	Certified by Medicaid	Certified by Medicaid to Provide Personal Care	Certified by Medicare and/or Medicaid to Provide Hospice Care
1997	184	183	147	44
1998	164	167	130	42
1999	150	152	117	42
2000	142	146	112	42
2001	137	142	107	41
2002	132	137	103	37
2003	137	142	105	35
2004	135	139	104	36

Year	Number of Agencies		
	Certified to Provide HealthCheck Services	A Department of a Hospital	Affiliated with a Hospital
1997	33	43	20
1998	32	39	15
1999	30	39	15
2000	26	38	13
2001	26	39	12
2002	23	39	12
2003	*	37	14
2004	*	36	13

Source: Annual Survey of Home Health Agencies, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: An asterisk (*) indicates the question was not included in that year's survey.

HealthCheck is Wisconsin Medicaid's federally required Early Periodic Screening, Diagnosis and Treatment program (EPSDT) for children up to age 21. The goal of HealthCheck is to promote early detection and treatment of health conditions before they require chronic and more expensive medical intervention.

HealthCheck includes routine comprehensive screenings, including vision and hearing; dental screening; appropriate immunizations; appropriate tests, including laboratory and lead poisoning screening; and necessary referrals for follow-up care.

- Between 1997 and 2004, the number of home health agencies certified to provide services declined at least 24 percent in three categories: Medicare (27 percent), Medicaid (24 percent), and Medicaid personal care (29 percent).
- The number of home health agencies certified by Medicare and/or Medicaid to provide hospice services decreased 18 percent between 1997 and 2004.
- The number of home health agencies affiliated with a hospital decreased 35 percent between 1997 and 2004, from 20 to 13.

Table 3. Full-Time Equivalent Employees (FTEs) of Home Health Agencies by Ownership Type, Wisconsin, 2004

Employee Category	Statewide FTEs		Number of FTEs by Ownership of Agency		
	Number	Percent	Governmental	Nonprofit	Proprietary
Administrator	121		21	49	51
RN Supervisor	184		16	100	67
Subtotal	305	7%	38	149	118
Registered Nurse	1,029		105	695	229
Licensed Practical Nurse	164		4	54	105
Subtotal	1,193	26%	110	750	334
Home Health Aide	775	17%	49	397	329
Physical Therapist	171		6	141	23
Occupational Therapist	55		1	44	10
Speech Pathologist	11		0	11	0
Respiratory Therapist	13		0	13	0
Medical Social Worker	37		1	31	5
Subtotal	288	6%	8	241	39
Personal Care Worker	1,244		61	305	878
Homemaker	130		9	47	74
Other	702		64	410	227
Subtotal	2,076	45%	194	1,067	1,899
Total	4,636	100%	337	2,300	2,000

Source: Annual Survey of Home Health Agencies, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: This count of employees is from the week of November 28 to December 4, 2004. Percentages may not add to 100 percent due to rounding.

- During the week of November 28 to December 4, 2004, there were 4,636 full-time equivalent employees (FTEs) employed by Wisconsin home health agencies, a decrease of 64 (1 percent) from the 4,700 FTEs reported in December 2003. From 2003 to 2004, the number of home health patients decreased less than 1 percent and home health visits increased 2 percent.
- Between December 2003 and December 2004, the number of FTE home health aides employed by home health agencies decreased 3 percent. The number of patients served by home health aides stayed about the same.
- There were 1,244 FTE personal care workers employed by Wisconsin home health agencies during the week of November 28 to December 4, 2004, down 1 percent from 2003. During the same period, the number of patients receiving personal care services from home health agencies remained the same.
- Between December 2003 and December 2004, the number of FTE registered nurses working in home health agencies increased 9 percent. FTE licensed practical nurses in these agencies increased 15 percent.

Table 4. Number of Home Health Patients and Full-time Equivalent Employees (FTEs) by County, Wisconsin, 2004

	Number of Agencies	Home Health Patients		FTEs		Number of FTEs per 100 Patients
		Number	Percent	Number	Percent	
State Total	147	69,510	100	4,636	100	6.7
Adams	1	200	0.3	10	0.2	5.0
Ashland	1	276	0.4	76	1.6	27.5
Barron	1	302	0.4	13	0.3	4.3
Bayfield	1	74	0.1	4	0.1	5.4
Brown	6	3,909	5.6	175	3.8	4.5
Burnett	1	103	0.1	3	0.1	2.9
Calumet	1	163	0.2	10	0.2	6.1
Chippewa	2	978	1.4	42	0.9	4.3
Clark	1	43	0.1	3	0.1	7.0
Columbia	1	290	0.4	9	0.2	3.1
Crawford	1	272	0.4	14	0.3	5.1
Dane	7	7,159	10.3	377	8.1	5.3
Dodge	3	1,033	1.5	27	0.6	2.6
Door	1	288	0.4	11	0.2	3.8
Douglas	2	366	0.5	32	0.7	8.7
Dunn	2	303	0.4	16	0.3	5.3
Eau Claire	3	1,008	1.5	242	5.2	24.0
Fond du Lac	2	764	1.1	62	1.3	8.1
Grant	2	619	0.9	61	1.3	9.9
Green	1	375	0.5	9	0.2	2.4
Green lake	1	477	0.7	17	0.4	3.6
Iowa	1	371	0.5	17	0.4	4.6
Jackson	1	259	0.4	20	0.4	7.7
Jefferson	3	522	0.8	19	0.4	3.6
Juneau	1	154	0.2	7	0.1	4.5
Kenosha	3	641	0.9	31	0.7	4.8
La Crosse	4	878	1.3	92	2	10.5
Lafayette	1	154	0.2	9	0.2	5.8
Langlade	1	63	0.1	15	0.3	23.8
Manitowoc	2	591	0.9	34	0.7	5.8
Marathon	2	2,443	3.5	111	2.4	4.5
Marinette	2	416	0.6	43	0.9	10.3
Marquette	1	211	0.3	20	0.4	9.5
Milwaukee	21	25,719	37	1,690	36.4	6.6
Monroe	1	97	0.1	7	0.2	7.2
Oconto	1	85	0.1	4	0.1	4.7

(Continued)

Table 4. Number of Home Health Patients and Full-time Equivalent Employees (FTEs) by County, Wisconsin, 2004 (Continued)

	Number of Agencies	Home Health Patients		FTEs		Number of FTEs per 100 Patients
		Number	Percent	Number	Percent	
Oneida	1	885	1.3	31	0.7	3.5
Ozaukee	1	51	0.1	7	0.1	13.7
Pepin	1	124	0.2	15	0.3	12.1
Pierce	2	196	0.3	49	1.1	25.0
Polk	1	343	0.5	20	0.4	5.8
Price	3	472	0.7	52	1.1	11.0
Racine	2	862	1.2	39	0.8	4.5
Rock	4	1,753	2.5	123	2.7	7.0
Rusk	2	210	0.3	14	0.3	6.7
St. Croix	1	338	0.5	9	0.2	2.7
Sauk	2	464	0.7	65	1.4	14.0
Sawyer	1	125	0.2	7	0.1	5.6
Sheboygan	1	603	0.9	33	0.7	5.5
Trempealeau	1	87	0.1	2	0	2.3
Vernon	1	146	0.2	5	0.1	3.4
Walworth	1	210	0.3	7	0.1	3.3
Washburn	3	429	0.6	22	0.5	5.1
Washington	1	508	0.7	14	0.3	2.8
Waukesha	8	3,748	5.4	330	7.1	8.8
Waupaca	1	48	0.1	19	0.4	39.6
Winnebago	5	3,657	5.3	320	6.9	8.8
Wood	1	1,397	2.0	31	0.7	2.2
Out of state	17	1,248	1.8	90	1.9	7.2

Source: Annual Survey of Home Health Agencies, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

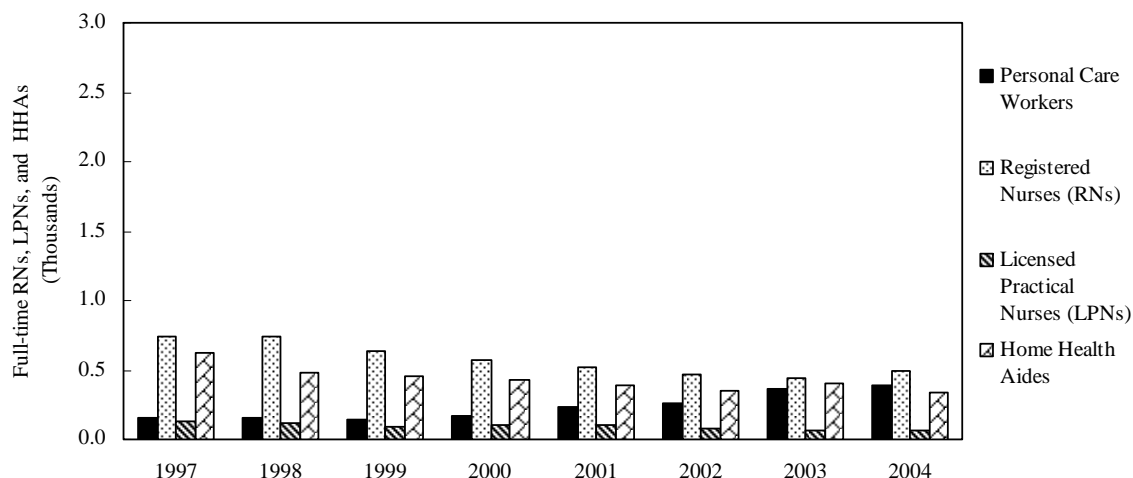
Notes: This count of employees is from the week of November 28 to December 4, 2004.

Percentages may not add to 100 percent due to rounding.

Patient counts in this table reflect the number of patients served by agencies located in that county (not patient county of residence).

- On average, there were 6.7 home health agency FTEs per 100 home health patients in 2004 in Wisconsin.
- Wood County had the lowest number of FTEs per 100 home health patients (2.2) while Waupaca County had the highest (39.6).
- Of the 10 counties with more than 1,000 home health patients, Eau Claire County had the highest FTE-patient ratio (24.0 per 100 patients), and Wood County had the lowest (2.2 FTEs per 100 patients).
- Of the 147 home health agencies located in 58 counties in Wisconsin (14 counties had no agency), 80 agencies in 36 counties had a below-average FTE-patient ratio. In 2003, 58 agencies in 34 counties had a below-average FTE-patient ratio. The increase in the number of agencies and counties with a below-average ratio reflects a decline in the ratio for agencies in Milwaukee County.

Figure 1. Full-Time Staff Employed by Home Health Agencies, Wisconsin 1997-2004

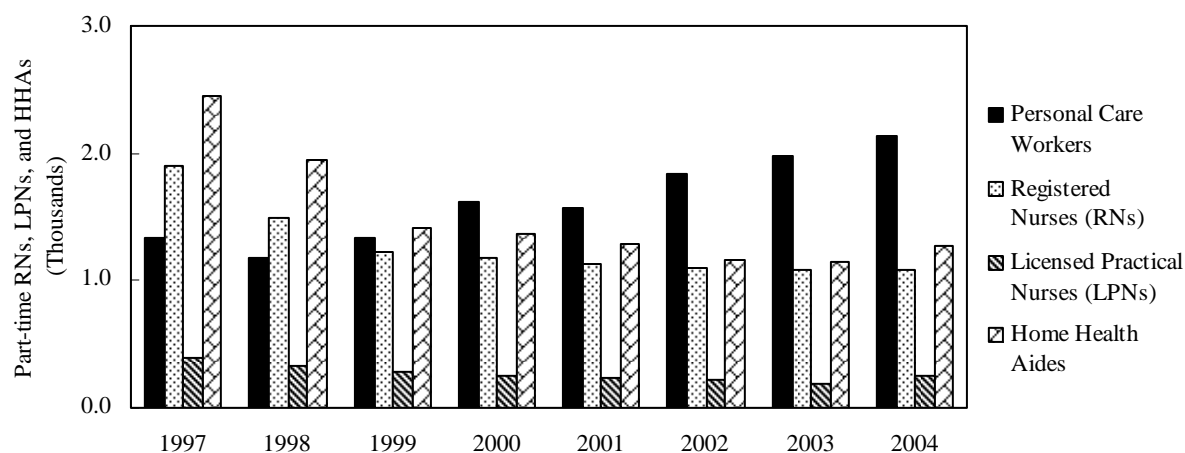


Source: Annual Survey of Home Health Agencies, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: The survey does not include agencies that provide only personal care, but does include agencies that provide both home health care and personal care.

- Between December 2003 and December 2004, the number of full-time RNs employed by home health agencies increased 10 percent (from 448 to 491), the number of full-time LPNs increased 13 percent (from 63 to 71), and the number of full-time personal care workers increased 8 percent (from 362 to 391). The number of full-time home health aides declined 15 percent (from 398 to 338).

Figure 2. Part-Time Staff Employed by Home Health Agencies, Wisconsin, 1997-2004

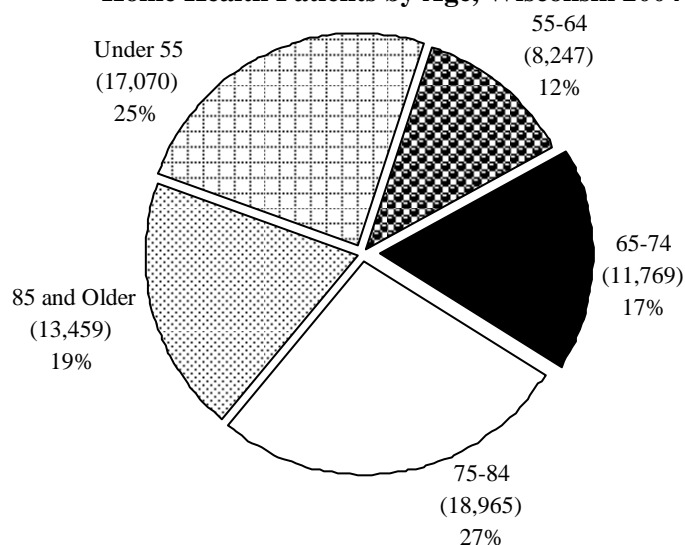


Source: Annual Survey of Home Health Agencies, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: The survey does not include agencies that provide only personal care, but does include agencies that provide both home health care and personal care.

- From December 2003 to December 2004, the number of part-time LPNs increased 35 percent (from 187 to 253), the number of part-time home health aides increased 12 percent (from 1,139 to 1,272), and the number of part-time personal care workers increased 8 percent (from 1,982 to 2,135). The number of part-time RNs employed by home health agencies was down slightly (from 1,085 to 1,080).

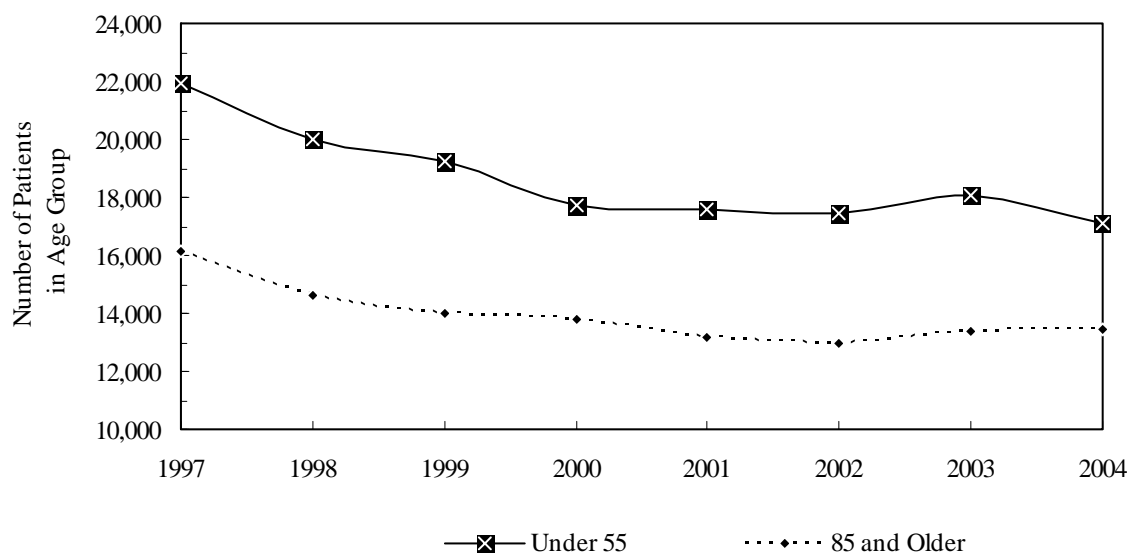
Figure 3. Home Health Patients by Age, Wisconsin 2004



Source: Annual Survey of Home Health Agencies, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- In 2004, 25 percent of Wisconsin home health patients were under age 55, 12 percent were aged 55-64, 17 percent were aged 65-74, 27 percent were aged 75-84, and 19 percent were aged 85 and older.

Figure 4. Home Health Patients under Age 55 and Age 85 and Older, Wisconsin 1997-2004



Source: Annual Survey of Home Health Agencies, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- Between 1997 and 2004, the number of patients under age 55 declined 22 percent, and the number of patients aged 85 and above decreased 17 percent.

Table 5. Primary Diagnosis of Home Health Patients by Age, Wisconsin 2004

Primary Diagnosis	Number of Patients	Percent in Age Group					Percent Age 65+
		<55	55-64	65-74	75-84	85+	
Total	69,510	25%	12%	17%	27%	19%	64%
Cardiovascular Disease	8,906	9	10	18	34	29	81
Arthritis (Arthropathies, Dorsopathies and Rheumatism)	6,020	15	12	18	32	23	73
Ill-Defined Conditions	4,520	21	11	14	29	25	68
Respiratory Diseases	3,596	14	9	19	34	24	77
Cancer	3,516	19	19	24	26	11	61
Diabetes	3,159	18	14	22	32	14	68
Complications of Surgery	2,762	36	20	20	18	6	45
Conditions Orig. in the Perinatal Period	2,371	99	<1	<1	<1	<1	1
Digestive Disorders	2,041	29	13	16	24	18	58
Fractures, Dislocations & Sprains	1,885	18	8	15	32	27	74
Wounds, Burns and Other Injuries	1,613	34	12	13	22	19	54
Genitourinary System	1,481	20	12	17	27	23	68
Central Nervous System/Multiple Sclerosis	1,449	42	14	13	20	10	43
Stroke	1,394	8	11	22	34	24	80
Psychoses and Neurotic Disorders	1,085	35	14	14	21	16	52
Paralysis and Cerebral Palsy	945	81	9	5	3	2	10
Osteopathies	901	24	16	13	25	22	60
Blood Diseases	720	15	7	11	29	37	77
Other Infectious and Parasitic Diseases	652	47	13	14	16	9	39
Mental Retardation	618	77	14	6	3	1	10
Congenital Anomalies	521	86	5	2	4	2	9
Dementia/Alzheimer's Disease	491	1	3	15	41	39	96
Eye, Ear Problems	282	41	12	7	19	21	47
Dehydration	183	13	9	11	34	32	78
Pregnancy and Childbirth	174	100	0	0	0	0	0
Poisoning and Toxic Effects	54	37	17	13	17	17	46
HIV Infection	43	70	14	7	7	2	16
Other Conditions	18,128	21%	12%	19%	29%	19%	67%

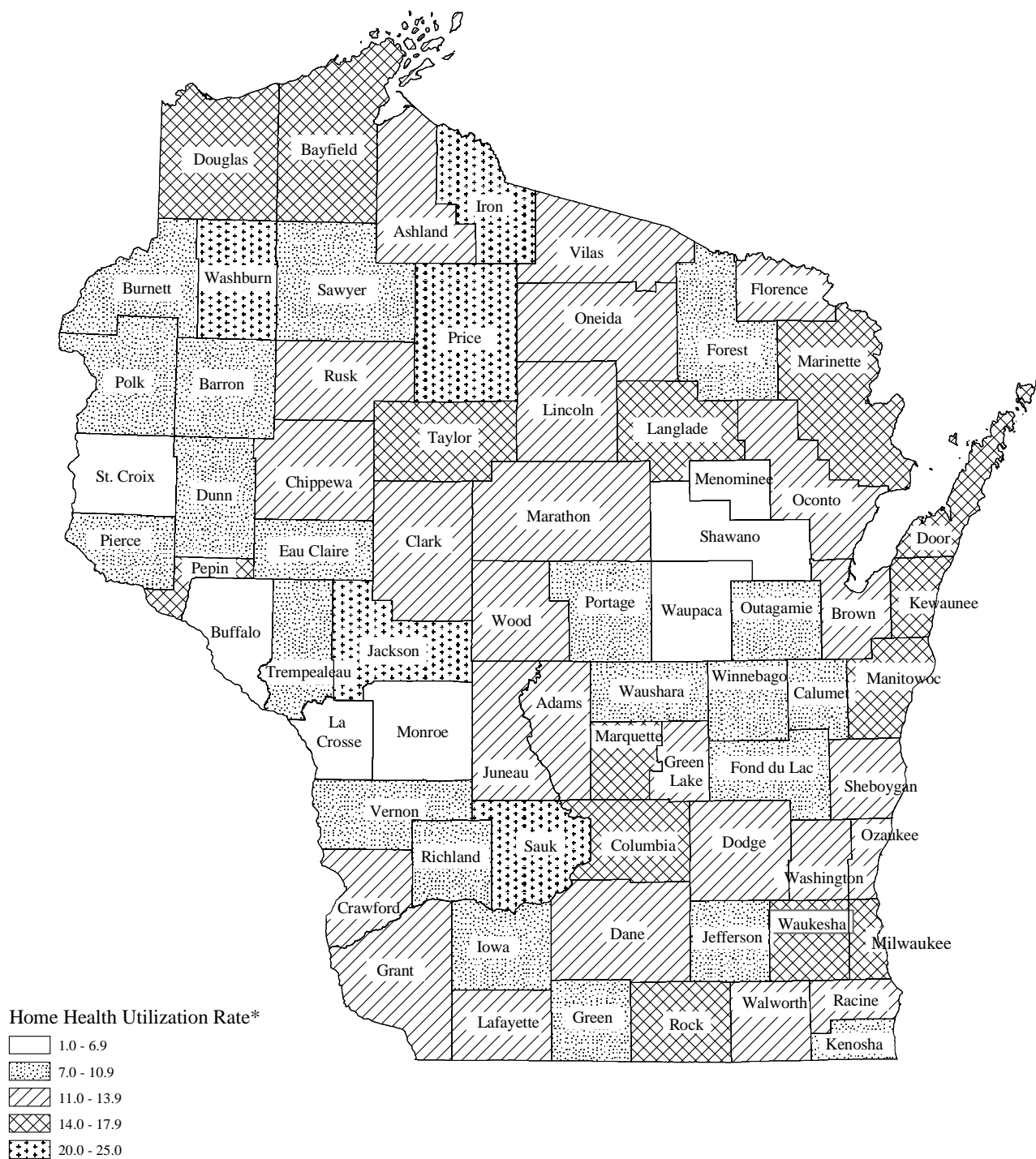
Source: Annual Survey of Home Health Agencies, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: These numbers reflect unduplicated counts.

Primary diagnosis refers to grouped ICD-9 codes. See survey instrument for more details.

- Sixty-four percent of home health patients in Wisconsin were age 65 and over, compared with 63 percent in 2003.
- Patients age 65 and older made up 80 percent or more of patients with the following diagnoses: cardiovascular disease, stroke, and dementia/Alzheimer's.
- Eighty-one percent of home health patients with paralysis or cerebral palsy were aged 55 or younger, compared with 76 percent in 2003.

Map. Home Health Utilization Rate by County of Residence, Wisconsin 2004



Statewide Rate: 12.5 per 1,000

*Number of home health patients per 1,000 estimated county population for 2004.

Wisconsin Division of Public Health
Bureau of Health Information and Policy

Characteristics of Home Health Patients

Table 6. Home Health Utilization Rate (Patients per 1,000 Population) by County of Residence, Wisconsin 2004

County	Patients	Population	Rate per 1,000	County	Patients	Population	Rate per 1,000
State Total	69,510	5,539,082	12.5	Marathon	1,490	129,598	11.5
Adams	268	20,703	12.9	Marinette	721	44,000	16.4
Ashland	181	16,904	10.7	Marquette	266	15,079	17.6
Barron	467	46,444	10.1	Menominee	4	4,606	0.9
Bayfield	223	15,504	14.4	Milwaukee	16,934	934,933	18.1
Brown	3,184	238,680	13.3	Monroe	273	42,733	6.4
Buffalo	83	13,983	5.9	Oconto	439	37,794	11.6
Burnett	152	16,544	9.2	Oneida	424	37,636	11.3
Calumet	349	44,416	7.9	Outagamie	1,429	169,470	8.4
Chippewa	734	59,990	12.2	Ozaukee	926	85,665	10.8
Clark	364	34,418	10.6	Pepin	130	7,537	17.2
Columbia	740	54,910	13.5	Pierce	300	38,688	7.8
Crawford	218	17,366	12.6	Polk	437	44,098	9.9
Dane	5,261	453,506	11.6	Portage	448	68,496	6.5
Dodge	983	88,439	11.1	Price	335	15,806	21.2
Door	418	28,942	14.4	Racine	2,320	192,891	12.0
Douglas	624	43,863	14.2	Richland	186	18,222	10.2
Dunn	271	41,793	6.5	Rock	2,190	156,181	14.0
Eau Claire	923	95,656	9.6	Rusk	201	15,491	13.0
Florence	59	5,160	11.4	Saint Croix	467	73,930	6.3
Fond du Lac	1,019	99,428	10.2	Sauk	1,137	58,448	19.5
Forest	89	10,130	8.8	Sawyer	170	17,087	9.9
Grant	670	50,353	13.3	Shawano	204	41,866	4.9
Green	358	35,155	10.2	Sheboygan	1,488	115,200	12.9
Green Lake	213	19,332	11.0	Taylor	277	19,881	13.9
Iowa	232	23,659	9.8	Trempealeau	212	27,730	7.6
Iron	156	6,862	22.7	Vernon	201	28,940	6.9
Jackson	482	19,703	24.5	Vilas	281	22,156	12.7
Jefferson	663	78,572	8.4	Walworth	1,227	97,954	12.5
Juneau	313	25,535	12.3	Washburn	346	16,782	20.6
Kenosha	1,561	157,482	9.9	Washington	1,458	124,443	11.7
Kewaunee	338	20,870	16.2	Waukesha	5,274	375,334	14.1
La Crosse	595	109,601	5.4	Waupaca	198	53,115	3.7
Lafayette	188	16,327	11.5	Waushara	232	24,528	9.5
Langlade	304	21,187	14.3	Winnebago	1,554	161,473	9.6
Lincoln	378	30,342	12.5	Wood	877	75,982	11.5
Manitowoc	1,210	83,545	14.5				

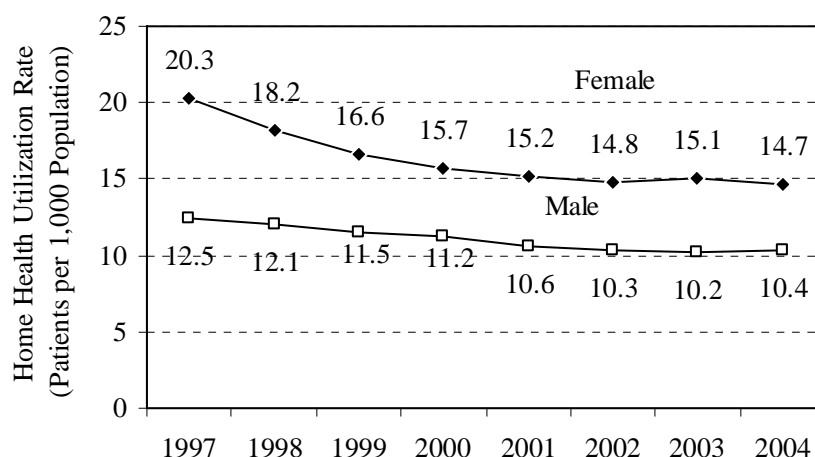
Source: Annual Survey of Home Health Agencies, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: The rate is the number of patients per 1,000 population in each age group, based on 2004 population estimates. The total includes 183 out-of-state patients.

Tables 4 and 8 show the number of patients by county of agency location, while this table (Table 6) shows the number of patients by county of residence.

- There were 12.5 home health patients per 1,000 total Wisconsin population in 2004, compared with 12.7 in 2003.
- Jackson County had the highest home health utilization rate in the state, with 24.5 patients per 1,000 residents. Three other counties had a utilization rate of 20 per 1,000 population or higher in 2004 (Iron, Price, and Washburn counties).
- Among the 13 counties with a population of 100,000 or more, Milwaukee had the highest home health utilization rate in 2004, with 18.1 patients per 1,000 population. La Crosse had the lowest utilization rate in 2004 among these larger counties, with only 5.4 patients per 1,000 population.
- Menominee County had the lowest home health utilization rate in the state, 0.9 patients per 1,000 residents.

Figure 5. Home Health Utilization Rate by Sex, Wisconsin 1997-2004



Source: Annual Survey of Home Health Agencies, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Table 7. Number, Percent and Utilization Rate of Home Health Patients by Age and Sex, Wisconsin 2004

Age	Total			Female			Male		
	Number	Percent	Rate	Number	Percent	Rate	Number	Percent	Rate
All Patients	69,510	100%	12.5	40,989	59%	14.7	28,521	41%	10.4
Under 55	17,070	25	4.0	9,119	13	4.3	7,951	11	3.7
55-64	8,247	12	14.9	4,627	7	16.5	3,620	5	13.3
65-74	11,769	17	33.5	6,817	10	36.3	4,952	7	30.4
75-84	18,965	27	73.8	11,556	17	76.4	7,409	11	70.1
85 or older	13,459	19	120.6	8,870	13	113.2	4,589	7	137.8
65 or older	44,193	64%	61.4	27,243	66%	65.2	16,950	59%	56.2

Source: Annual Survey of Home Health Agencies, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: The utilization rate is the number of patients per 1,000 population in each age group, based on 2004 population estimates.

- Of the total 44,193 home health patients aged 65 and older in 2004, 62 percent (27,243) were females, and 38 percent (16,950) were males.
- The home health utilization rate of Wisconsin females age 65 and older in 2004 was 65.2 per 1,000 (66.6 per 1,000 in 2003). The utilization rate for males age 65 and older was 56.2 per 1,000 (54.1 per 1,000 in 2003).
- Among Wisconsin males aged 85 and older, 138 of every 1,000 used home health services in 2004, up from 131 per 1,000 in 2003. The utilization rate for females aged 85 and older declined from 123 per 1,000 in 2003 to 113 per 1,000 in 2004.
- According to the U.S. Government Accountability Office, 38 of every 1,000 Medicare beneficiaries used home health care services nationwide in 2001, but in Wisconsin the rate was only 23 per 1,000 beneficiaries. (See Technical Notes on Page 33.)

Table 8. Home Health Agencies and Patients in Selected Counties, Wisconsin 2004

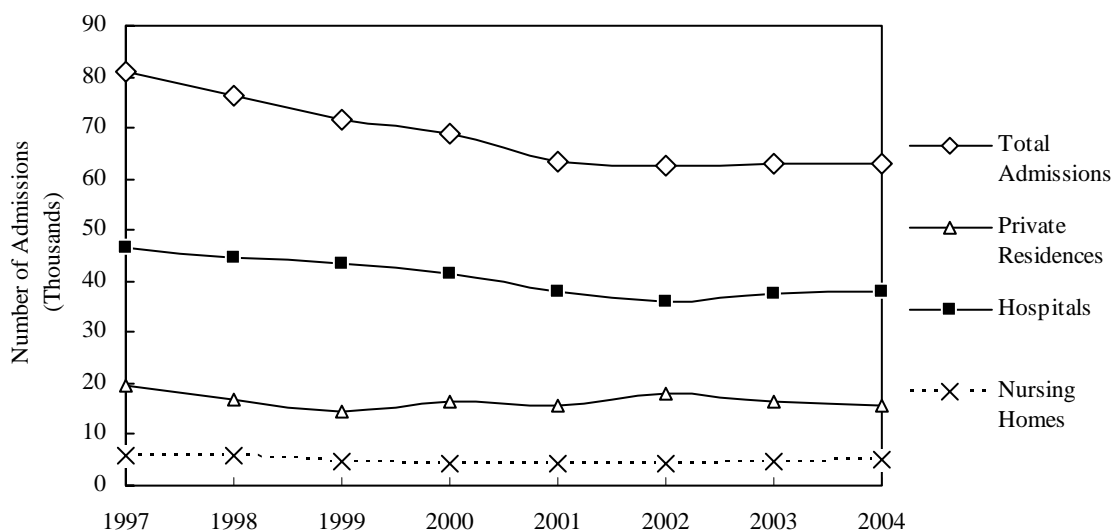
County of Agency	Agencies	Patients	Percent of Statewide Total Patients
All Agencies	147	69,510	100%
Milwaukee	21	25,719	37
Dane	7	7,159	10
Brown	6	3,909	6
Waukesha	8	3,748	5
Winnebago	5	3,657	5
Marathon	2	2,443	4
Rock	4	1,753	3
Wood	1	1,397	2
Dodge	3	1,033	2
Eau Claire	3	1,008	2
Chippewa	2	978	1
La Crosse	4	878	1
Oneida	1	885	1
Racine	2	862	1
Fond du Lac	2	764	1
Grant	2	619	1
Kenosha	3	641	1
Manitowoc	2	591	1
Sheboygan	1	603	1
Jefferson	3	522	1
Out-of-state	17	1,248	2%

Source: Annual Survey of Home Health Agencies, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: Patient counts in this table reflect the number of patients served by agencies located in that county (not patient county of residence). Counties whose home health agencies served less than 1 percent of total Wisconsin home health patients were excluded from this table. (Percent column will therefore not add to 100.)

- In 2004, 63 percent of Wisconsin home health patients were served by 47 agencies located in five counties (Milwaukee, Dane, Waukesha, Brown and Winnebago), even though these five counties had 39 percent of the state population.
- The 28 home health agencies in Milwaukee and Dane counties served 47 percent of the state's home health patients. These two counties had 25 percent of the total Wisconsin population in 2004.
- Fourteen counties had no home health agencies in 2004, compared with 12 counties in 2003. Only four counties had no home health agencies in 1997.

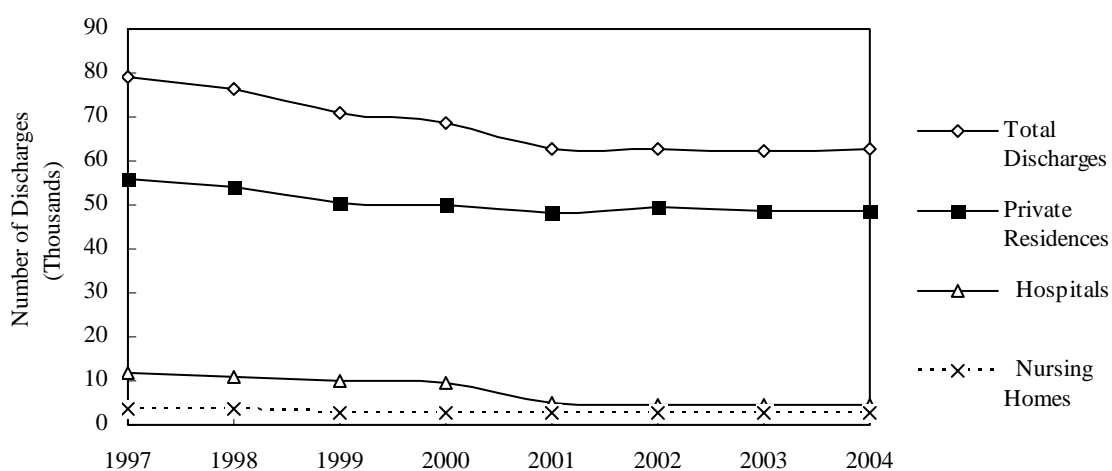
Figure 6. Home Health Admissions from Private Residences, Hospitals, and Nursing Homes, Wisconsin 1997-2004



Source: Annual Survey of Home Health Agencies, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- Total home health admissions decreased half a percent in 2004 (to 62,824). Admissions from nursing homes increased 5 percent, admissions from hospitals increased 1 percent, and admissions from private residences declined 3 percent.

Figure 7. Home Health Discharges to Private Residences, Hospitals, and Nursing Homes, Wisconsin 1997-2004



Source: Annual Survey of Home Health Agencies, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- Total home health discharges increased 1 percent in 2004 (to 62,805). Discharges to hospitals and private residences changed very little, but discharges to nursing homes decreased 2 percent.

Characteristics of Home Health Patients

Table 9. Home Health Patient Need for Help with Selected Activities of Daily Living (ADLs) by Age (Based on Start of Care Assessments of Medicare and/or Medicaid Recipients Receiving Skilled Care), Wisconsin 2004

Activities of Daily Living (Current Condition)	Age					Total
	<55	55-64	65-74	75-84	85+	
Total Number	2,552	1,938	7,260	12,609	8,331	32,690
Ambulation/Locomotion						
Independent	38%	24%	22%	15%	10%	18%
Requires use of a device	37	52	59	64	65	60
Needs supervision/assistance	7	10	12	14	18	14
Chairfast (able to wheel self)	11	9	4	3	3	4
Chairfast (unable to wheel self)	6	5	3	3	4	3
Bedfast	1	1	1	0	1	1
Total Percent	100%	100%	100%	100%	100%	100%
Transferring						
Independent	50	41	39	33	28	35
Needs minimal assistance	36	47	52	58	60	55
Unable to transfer self	11	10	8	8	10	9
Bedfast	4	3	1	1	1	1
Total Percent	100%	100%	100%	100%	100%	100%
Toilet Use						
Independent	76	75	77	74	68	73
Needs assistance	11	14	16	20	24	19
Able to use bedside commode	3	5	4	3	4	4
Totally dependent	10	6	3	3	4	4
Total Percent	100%	100%	100%	100%	100%	100%
Bathing						
Independent	30	19	15	11	8	13
Requires devices	11	11	11	11	10	11
Needs assistance	29	38	39	45	48	43
Unable to use shower/tub	31	32	35	33	33	33
Total Percent	100%	100%	100%	100%	100%	100%
Eating						
Independent	79	79	81	78	74	78
Needs limited assistance	14	16	16	19	22	19
Must be assisted	4	3	1	2	3	2
Able to take in nutrients orally, and receives suppl. nutrients through tube or gastrostomy	1	1	1	0	0	0
Unable to take in nutrients orally	2	1	2	1	1	1
Total Percent	100%	100%	100%	100%	100%	100%

Source: **Patient-based Home Health Care Outcome and Assessment Information Set (OASIS)**. See Technical Notes, p. 31.

Notes: "Current condition" means as of assessment date. ADLs are defined in the Technical Notes, Page 31.

The data for this table included only the latest Start of Care Assessment for each patient (see Technical Notes). ADL data were not reported on one patient record.

- Out of 32,690 Medicare and/or Medicaid home health patients receiving skilled care in 2004, 13 percent were independent in bathing, 18 percent were independent in ambulating, 35 percent were independent in transferring, 73 percent were independent in toilet use, and 78 percent were independent in eating. All these percentages decreased from 2003.
- The proportion of these home health patients who were independent in transferring decreased to 35 percent in 2004 from 38 percent in 2003. Forty-seven percent were independent in transferring in 2000.
- Seven percent (2,423) of these home health patients were independent in all five of these Activities of Daily Living (not shown), down from 8 percent in 2003. The total number of Medicare and/or Medicaid home health patients receiving skilled care in 2004 increased 2 percent.

Table 10. Home Health Patient Need for Help with Selected Instrumental Activities of Daily Living (IADLs) by Age (Based on Start of Care Assessments of Medicare and/or Medicaid Recipients Receiving Skilled Care), Wisconsin 2004

Instrumental Activities of Daily Living (Current Condition)	Age					Total
	<55	55-64	65-74	75-84	85+	
Total Number	2,552	1,938	7,260	12,609	8,331	32,690
Shopping						
Independent	8%	4%	2%	1%	1%	2%
Needs help	27	22	14	13	12	15
Unable to go shopping but able to arrange home delivery	41	48	58	56	48	53
Needs someone to do all shopping and errands	24	27	25	29	39	30
Total percent	100%	100%	100%	100%	100%	100%
Housekeeping						
Independent	10%	6%	4%	3%	3%	4%
Able to do light housekeeping	35	33	33	32	29	32
Needs some assistance	6	6	7	7	6	6
Unable to do housekeeping tasks	49	54	57	59	62	58
Total percent	100%	100%	100%	100%	100%	100%
Laundry						
Independent	13%	9%	6%	6%	6%	6%
Able to do light laundry	32	29	28	26	22	26
Unable to do any laundry	55	62	66	68	72	67
Total percent	100%	100%	100%	100%	100%	100%
Transportation/Driving						
Independent	11%	7%	3%	2%	1%	3%
Able to ride in car/van/bus	87	91	95	96	96	95
Unable to ride, requires ambulance	2	3	2	2	3	2
Total percent	100%	100%	100%	100%	100%	100%

Source: **Patient-based Home Health Care Outcome and Assessment Information Set (OASIS)**. See Technical Notes, p. 31.

Notes: "Current condition" means as of assessment date. IADLs are defined in the Technical Notes.

The data for this table included only the latest Start of Care assessment for each patient (see Technical Notes).

IADL data were not reported on one patient record.

- In 2004, only 2 percent to 6 percent of home health patients with Medicare and/or Medicaid and requiring skilled care were independent in shopping, housekeeping, laundry and transportation – four of the daily tasks called "Instrumental Activities of Daily Living (IADLs)."
- Fifty-eight percent of these home health patients were unable to do any housekeeping tasks, and 67 percent were unable to do any laundry.
- Fifty-three percent of these home health patients were unable to go shopping alone, and 30 percent needed someone to do all the shopping.

Table 11. Home Health Patient Frequency of Assistance from Primary Caregiver by Age (Based on Start of Care Assessments of Medicare and/or Medicaid Recipients Receiving Skilled Care), Wisconsin 2004

Frequency of Assistance from Primary Caregiver	Total		Age Group				
	Number	Percent	< 55	55-64	65-74	75-84	85 +
No primary caregiver (other than agency staff)	6,319	20%	25%	26%	18%	19%	20%
Has a primary caregiver, and receives help:							
Several times during day and night	10,707	34	32	31	36	34	33
Several times during day	9,366	30	30	28	33	30	26
Once daily	1,847	6	5	5	5	6	7
Three or more times per week	1,947	6	5	5	5	6	8
1-2 times per week	1,126	4	3	4	2	4	5
Less often than weekly	252	1	1	1	1	1	1
Total	31,564	100%	100%	100%	100%	100%	100%

Source: **Patient-based Home Health Care Outcome and Assessment Information Set (OASIS)**. See Technical Notes, p. 31.

Notes: The data for this table included only the latest Start of Care Assessment for each patient (see Technical Notes).

The data on 1,127 patient records were unreported or unknown.

Percentages may not add to 100 percent due to rounding.

- Of home health patients in 2004 who had Medicare and/or Medicaid as a payment source and were receiving skilled care, 20 percent had no primary caregiver other than home health agency staff (21 percent in 2003).
- Thirty-four percent received help from a primary caregiver (other than agency staff) several times during the day and night.
- An additional 30 percent of these home health patients received assistance from their caregiver several times during the day.
- Eleven percent of these home health patients had a primary caregiver but received that person's help less than once daily.

Table 12. Race/Ethnicity of Home Health Patients by Age (Based on All Types of Assessments of Medicare and/or Medicaid Recipients Receiving Skilled Care), Wisconsin 2004

Age	Black or Asian/Pacific African American Hispanic/ Islander American Indian Latino					Total	
	White	Islander	American	Indian	Latino	Number	Percent
Less than 55	6%	21%	32%	20%	26%	2,537	8%
55-64	5	14	16	11	15	1,927	6
65-74	22	27	25	28	25	7,227	22
75-84	40	24	21	31	25	12,579	39
85 and over	27	15	7	10	8	8,329	26
Total Percent	100%	100%	100%	100%	100%		100%
65 and over	26,636	106	1,004	142	247	28,135	86%
Total Number	29,890	162	1,918	206	423	32,599	100%
Percent of Total	92%	<1%	6%	1%	1%	100%	

Source: **Patient-based Home Health Care Outcome and Assessment Information Set (OASIS)**. See Technical Notes, p. 31.

Notes: The data for this table included all types of assessment (see Technical Notes).

The data on race/ethnicity were not reported on 7,115 patient records.

Percentages may not add to 100 percent due to rounding.

- Ninety-two percent of Medicare and/or Medicaid home health patients receiving skilled care were reported to be white, compared with 89 percent of all Wisconsin home health patients (not shown).
- Home health patients of minority race/ethnicity were generally younger than patients who were white.
- In 2004, 26 percent of Medicare and/or Medicaid home health patients receiving skilled care were age 85 and older (up from 22 percent in 2003); 19 percent of all Wisconsin home health patients were in this age group.

Table 13. “Length of Stay” of Home Health Patients by Age (Based on All Types of Assessments of Medicare and/or Medicaid Recipients Receiving Skilled Care), Wisconsin 2004

Length of Stay	Total		Age				
	Number	Percent	< 55	55-64	65-74	75-84	85 +
< 30 Days	2,764	7%	8%	8%	8%	7%	6%
31 - 90 Days	5,461	13	14	13	14	14	12
91 - 180 Days	8,338	21	21	21	22	21	19
181 - 365 Days	20,237	50	47	47	48	50	52
1+ Years	3,827	9	11	11	9	9	11
Total	40,627	100%	100%	100%	100%	100%	100%

Source: **Patient-based Home Health Care Outcome and Assessment Information Set (OASIS)**. See Technical Notes, p. 31.

Notes: The data for this table included all types of assessment (see Technical Notes). The data on length of stay were not reported on two patient records.

Percentages may not add to 100 percent due to rounding.

- In 2004, 50 percent of Medicare and/or Medicaid home health patients receiving skilled care had a “length of stay” between 181 days and 365 days. “Length of stay” is the amount of time a patient has been receiving home health agency services during the current admission.
- Nine percent of these patients had been receiving home health service for one year or longer, down from 10 percent in 2003.

Table 14. Pay Source of Home Health Patients by Age (Based on all Types of Assessments of Medicare and/or Medicaid Recipients Receiving Skilled Care), Wisconsin 2004

Age	Total			Female			Male		
	Medicare	Medicaid	Dual Entitlee	Medicare	Medicaid	Dual Entitlee	Medicare	Medicaid	Dual Entitlee
Number of Patients	35,773	3,596	1,258	22,046	2,349	852	13,727	1,247	406
Percent									
Under 55	3%	54%	26%	3%	52%	22%	4%	57%	36%
55-64	4	25	15	4	25	14	4	26	17
65-74	23	9	23	22	10	23	25	8	22
75-84	41	7	24	41	8	26	43	7	20
85 or older	28	5	12	31	6	16	24	3	5
Total Percent	100%	100%	100%	100%	100%	100%	100%	100%	100%
65+ (Number)	33,231	763	739	20,626	541	549	12,605	222	190
65+ (Percent)	93%	21%	59%	94%	23%	64%	92%	18%	47%

Source: **Patient-based Home Health Care Outcome and Assessment Information Set (OASIS)**. See Technical Notes, p. 31.

Notes: A dual entitlee is a person eligible for health care coverage under Medicaid *and* Medicare.

The data for this table included all types of assessment (see Technical Notes).

Percentages may not add to 100 percent due to rounding.

- Of 40,627 home health patients who received skilled care paid for by Medicare and/or Medicaid in 2004, 62 percent (25,247) were female and 38 percent (15,380) were male (not shown).
- Ninety-three percent of Medicare home health patients receiving skilled care were over age 65, while only 21 percent of Medicaid patients were in this age group.
- Overall, 85 percent of the Medicare and/or Medicaid home health patients receiving skilled care in 2004 were aged 65 and over (not shown). Sixty-four percent of all Wisconsin home health patients were 65 and over (see Table 7, Page 15).

Table 15. Services Provided to Home Health Patients, Wisconsin 2004

	Statewide Total		Ownership of Agency		
	Number	Percent	Governmental	Nonprofit	Proprietary
Total Patients	69,510	100%	100%	100%	100%
Therapeutic Services					
Skilled Nursing	57,846	83	80	87	67
Home Health Aide Services	15,927	23	27	23	20
Physical Therapy	28,827	41	36	44	31
Speech Pathology	1,654	2	1	3	1
Occupational Therapy	11,352	16	10	17	14
Medical Social Service	4,970	7	2	8	4
Private Duty Nursing (Ventilator-Dependent)	51	<1	0	<1	0
Private Duty Nursing (Excluding Ventilator-Dependent)	338	<1	0	<1	1
Other Home Health Care	122	<1	<1	<1	<1
Non-Therapeutic Services					
Personal Care Service	7,253	10	18	5	32
Personal Care RN Supervisory	6,070	9	15	3	29
Homemaker Service	994	1	3	1	2
Other Non-Therapeutic Care	238	0%	0%	<1%	1%

Source: Annual Survey of Home Health Agencies, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: Percents will add to more than 100 because each patient could receive more than one type of service.

- Among all home health patients in 2004, 83 percent received skilled nursing services (the same percentage as in 2003), 23 percent received home health aide services (the same percentage as in 2003), and 41 percent received physical therapy (up from 38 percent in 2003 and 35 percent in 2002). In 1996, only 49 percent of home health patients received skilled nursing services and 12 percent received physical therapy.
- The percent of home health patients who received occupational therapy increased from 13 percent in 2003 to 16 percent in 2004. In 1996, only 4 percent of home health patients received occupational therapy services.
- The number of patients who received private duty nursing services from home health agencies increased 17 percent (389 patients in 2004 vs. 332 patients in 2003). There were 853 patients receiving private duty nursing services from home health agencies in 2000.
- According to Wisconsin Medicaid program data, home health agencies bill Wisconsin Medicaid fewer hours of private duty nursing (PDN), including PDN for ventilator-dependent recipients, than do nurses in independent practice. Of Medicaid expenditures for PDN in Calendar Year 2004, home health agencies claimed 22.6 percent (down from 23.4% in CY 2003) and nurses in independent practice claimed 77.4 percent (up from 76.6 in CY 2003). (Expenditure data obtained from internal Wisconsin Medicaid reports, Budget Analysis/Forecasting Date of Payment Reports HMMR900A, Jan.-Dec. 2003 and 2004.)

Table 16. Home Health Agencies That Shared Cases and/or Provided Services in Selected Group Settings, Wisconsin 2002-2004

Agencies/Settings	2002 Agencies		2003 Agencies		2004 Agencies	
	Number	Percent	Number	Percent	Number	Percent
Total home health agencies	145	100%	150	100%	147	100%
Agencies shared cases with other home health agencies	81	56	48	32	51	35
Number of cases shared	143		133		153	
Agencies shared cases with personal care agencies	*	*	67	45	68	46
Number of cases shared	628		493		528	
Agencies shared cases with independent providers	*	*	42	28	27	18
Number of cases shared	489		356		175	
Agencies provided services at:						
Adult family homes	72	50%	58	39%	62	42
Number of patients on Dec. 31	306		250		296	
Adult day care centers	11	8	12	8	10	7
Number of patients on Dec. 31	363		3		8	
Residential care/assisted living apts.	92	63	62	41	60	41
Number of patients on Dec. 31	5		326		335	
Community-based residential facilities (CBRFs)	102	70%	99	66	90	61
Number of patients on Dec. 31	828		932		802	

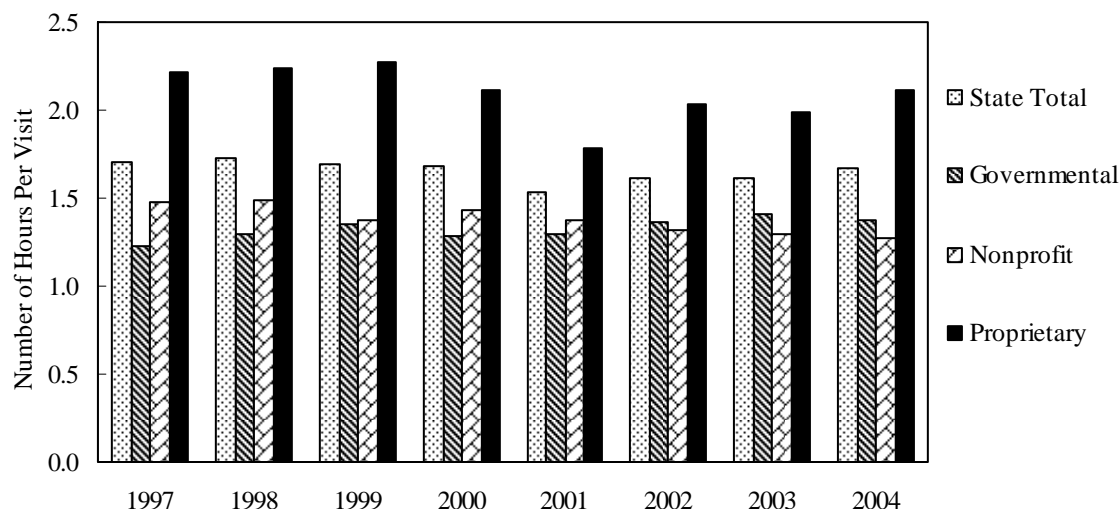
Source: Annual Survey of Home Health Agencies, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: Percentages may not add to 100 percent due to rounding.

An asterisk (*) indicates the question was not included in that year's survey.

- Forty-six percent of home health agencies shared cases with personal care agencies in 2004. The number of these cases increased to 528, after decreasing in 2003.
- Eighteen percent of home health agencies shared cases with nurses in independent practice in 2004 (28 percent in 2003). The number of these cases decreased to 175 (from 356 the previous year).
- Forty-two percent of home health agencies provided services in adult family homes in 2004 (up from 39 percent in 2003). The number of home health patients in adult family homes on December 31, 2004 increased to 296 (from 250 in 2003).
- Sixty-one percent of home health agencies provided services in Community-Based Residential Facilities (CBRFs). The number of home health patients in CBRFs declined 14 percent between 2003 and 2004 (to 802).

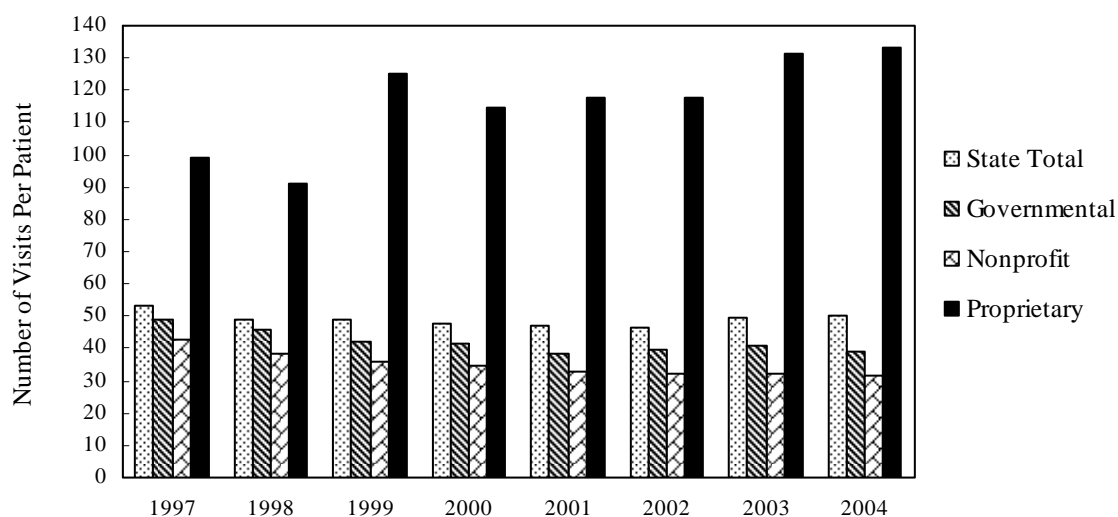
Figure 8. Average Number of Hours per Home Health Visit, Wisconsin 1997-2004



Source: Annual Survey of Home Health Agencies, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- The average length of a home health visit in 2004 statewide was 1.7 hours, up from 1.6 hours in 2003.
- Home health visits by governmental agencies lasted an average of 1.4 hours (ranging from 0.7 hour to 3.2 hours per visit); visits by nonprofit agencies averaged 1.3 hours (ranging from 0.5 hour to 2.8 hours per visit); and visits by proprietary agencies averaged 2.1 hours (ranging from 0.8 hour to 10.8 hours per visit).

Figure 9. Average Number of Visits per Home Health Patient, Wisconsin 1997-2004



Source: Annual Survey of Home Health Agencies, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- Home health patients received an average of 50 visits each in 2004, up from 49 visits in 2003.
- On average, proprietary agencies made 133 visits to each patient in 2004 (a 2 percent increase from 2003). Average visits per patient were 32 visits for nonprofit agencies and 39 visits for governmental agencies, both down from 2003.

Table 17. Home Health Agency Revenue by Ownership Type, Wisconsin 2004

Home Health Agency Financial Information

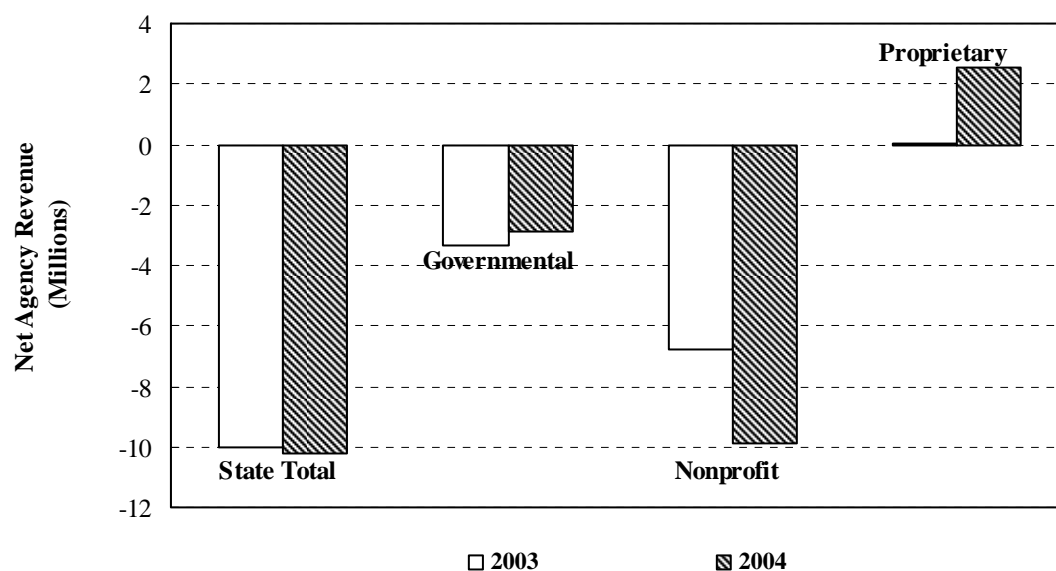
	State Total Amount Percent		Ownership of Agency					
			Governmental Amount Percent		Nonprofit Amount Percent		Proprietary Amount Percent	
Gross Patient Revenue								
Medicare	\$112,012,504	42%	\$7,253,043	46%	\$87,661,618	60%	\$17,097,843	16%
Medicaid	105,522,130	39	4,778,725	30	34,394,546	24	66,348,859	63
Other Federal Government	871,230	<1	412,694	3	242,471	<1	216,065	<1
State Government (COP, CIP, Family Care, etc.)	11,855,618	4	1,039,177	7	1,987,099	1	8,829,342	8
All Other Government	830,691	<1	251,043	2	391,998	<1	187,650	<1
Third Party	29,244,253	11	1,482,714	9	18,345,887	13	9,415,652	9
Self Pay	6,817,587	3	499,020	3	2,975,674	2	3,342,893	3
Other Sources of Revenue	578,049	<1	18,095	<1	118,103	<1	441,851	<1
Reported Gross Patient Revenue	\$267,732,062	100	\$15,734,511	100	\$146,117,396	100	\$105,880,155	100
Deductions from Revenue								
Medicare	5,330,944	2	103,178	1	2,155,818	2	3,071,948	3
Medicaid	29,199,296	11	1,526,172	10	10,810,252	7	16,862,872	16
Other Government	1,769,352	1	335,310	2	397,464	<1	1,036,578	1
Third Party	5,881,778	2	476,477	3	3,669,369	3	1,735,932	2
Bad Debts	609,646	<1	82,480	1	312,604	<1	214,562	<1
Charity	523,981	<1	197,146	1	301,960	<1	24,875	<1
Other Deductions	650,102	<1	51,382	<1	104,268	<1	494,452	1
Reported Total Deductions	43,965,099	16	2,772,145	18	17,751,735	12	23,441,219	22
NET PATIENT REVENUE	\$223,766,963	84	\$12,962,366	82	\$128,365,661	88	\$82,438,936	78
Donations	1,263,630	1	122	<1	1,262,758	1	750	<1
Other Agency Revenue	3,261,652	1	371,968	2	1,700,083	1	1,189,601	1
TOTAL AGENCY REVENUE	\$228,292,245	85%	\$13,334,456	85%	\$131,328,502	90%	\$83,629,287	79%

Source: Annual Survey of Home Health Agencies, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Revenue and deductions are self-reported by agencies and based on their most recently completed fiscal year. Gross patient revenue is the total amount that an agency has billed for services to patients. Deductions from revenue are disallowances from Medicare, Medicaid, or private insurance; bad debts; and charges to patients that have not been paid. Total deductions from revenue are subtracted from gross patient revenue to yield net patient revenue. Net patient revenue is the total revenue that agencies are paid by patients or their insurers. Donations and other revenues are added to net patient revenue to obtain total agency revenue.

- Reported gross patient revenue of home health agencies statewide increased 6.4 percent, from \$251.5 million in 2003 to \$267.7 million in 2004.
- Gross revenue from Medicare increased 7 percent, constituting 42 percent of gross patient revenue in 2004 (compared with 41 percent in 2003), while gross revenue from Medicaid increased 9 percent, constituting 39 percent (compared with 38 percent in 2003).
- Proprietary agencies reported \$105.9 million in gross patient revenue in 2004, an increase of 15 percent from \$91.9 million in 2003. Governmental agencies reported \$15.7 million in gross patient revenue in 2004, up 3 percent from \$15.2 million in 2003. Nonprofit agencies reported \$146.1 million in gross patient revenue in 2004, an increase of 1 percent from \$144.3 million in 2003.
- Total agency revenue statewide was \$228.3 million in 2004, up 7 percent from \$213.4 million in 2003.

Figure 10. Net Agency Revenue by Ownership Type, Wisconsin, 2003 and 2004



Source: Annual Survey of Home Health Agencies, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- Statewide, total expenses reported by home health agencies exceeded total self-reported revenue by \$10.2 million in 2004, 2 percent higher than the reported difference in 2003 (\$10 million).
- Proprietary agencies had positive net agency revenue in 2004 (\$2.6 million); this amount represented a 4,802 percent increase from their 2003 net agency revenue (\$0.05 million). For nonprofit agencies, total self-reported expenses surpassed revenue by \$9.9 million. For governmental agencies, total self-reported expenses surpassed revenue by \$2.9 million.

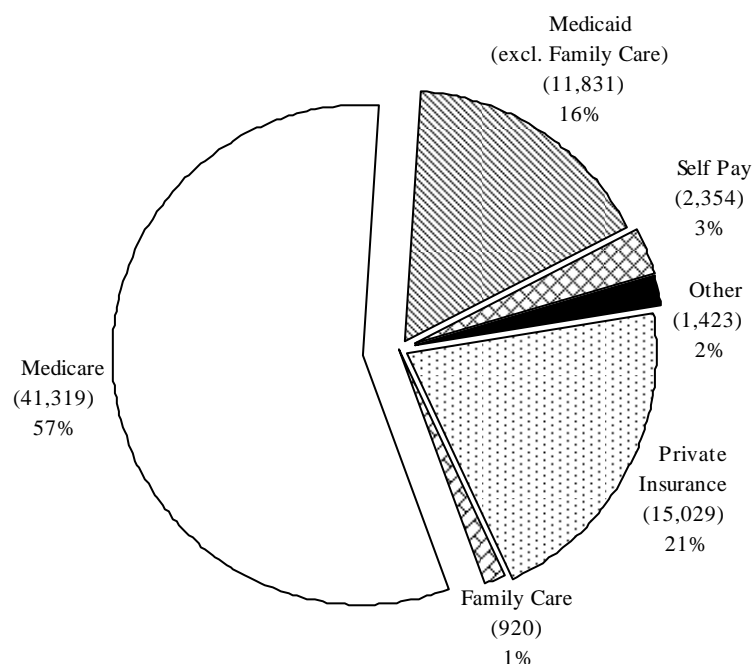
Table 18. Self-Reported Agency Revenue and Expenses by Ownership Type, Wisconsin 2004

	State Total	Governmental	Nonprofit	Proprietary
Total Agency Revenue	\$228,292,245	\$13,334,456	\$131,328,502	\$83,629,287
Total Expenses	\$238,493,023	\$16,193,060	\$141,228,410	\$81,071,553
Net Agency Revenue	(\$10,200,778)	(\$2,858,604)	(\$9,899,908)	\$2,557,734

Source: Annual Survey of Home Health Agencies, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: Total agency revenue equals gross patient revenue, less deductions, plus any donations.

Figure 11. Home Health Patients by Payment Source, Wisconsin 2004



Source: Annual Survey of Home Health Agencies, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Patients may be counted in more than one payment source.

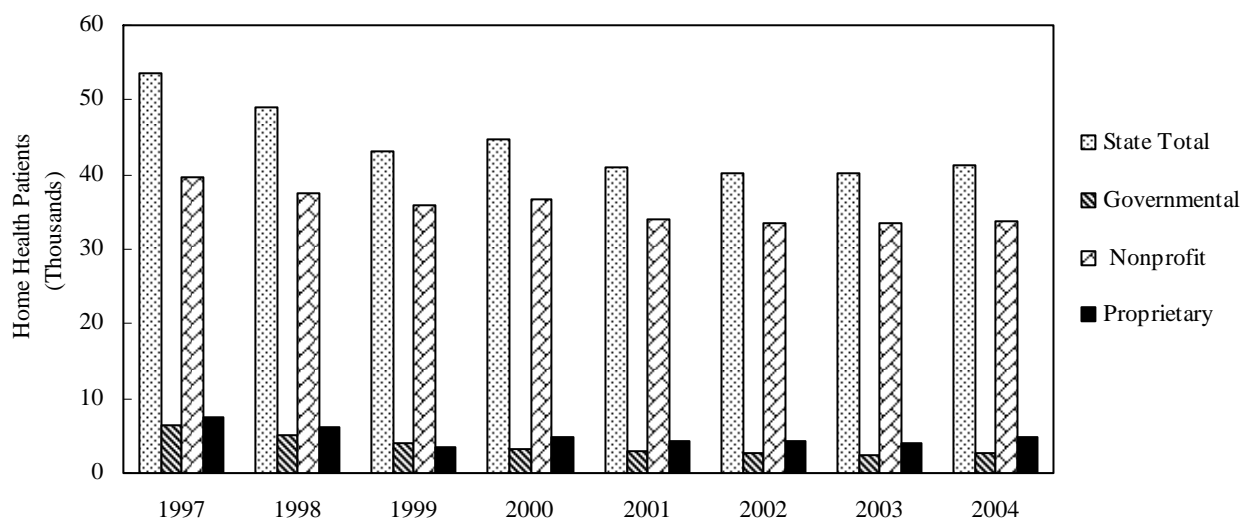
Percents may not add to 100 percent due to rounding.

See Technical Notes, Page 32, for a definition of the Family Care program.

The number of home health agency patients with Family Care as a source of payment was reported as 930 in 2003. The numbers of Family Care patients reported in 2001 and 2002 were much higher (by thousands), reflecting a reporting error in each of those survey years by just one home health agency. The error was discovered as the 2003 report was being prepared. The agency had included clients who were not home health patients in its counts of patients by pay source in 2001 and 2002, reporting them in the Family Care pay source category.

- In 2004, 57 percent of home health patients used Medicare as a payment source (55 percent in 2003 and 51 percent in 2002); 16 percent used Medicaid (15 percent in 2003 and 14 percent in 2002); 1 percent used Family Care; 21 percent used private insurance (23 percent in 2003); and 3 percent paid by themselves (3 percent in 2003).
- A total of 41,319 home health patients used Medicare as a source of payment in 2004, an increase of 3 percent from 2003 (40,152).
- Medicaid was used by 11,831 home health patients in 2004, a 4 percent increase from 2003 (11,346). Beginning in 2001, the Medicaid number excludes patients using the Medicaid-funded Family Care benefit, available to eligible patients in five counties (see Technical Notes, page 32).
- Private insurance was used by 15,029 home health patients in 2004, a decline of 12 percent from 2003 (17,053).
- The number of self-pay home health patients declined 10 percent, from 2,612 in 2003 to 2,354 in 2004. The 2004 number represented a 58 percent decline from 1997.

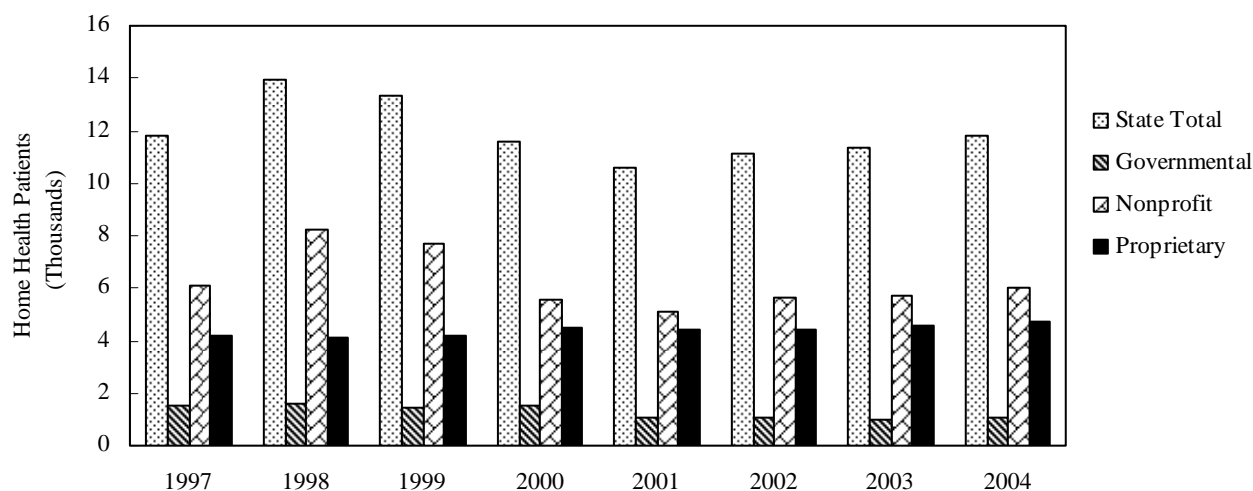
Figure 12. Home Health Patients Using Medicare as a Source of Payment by Ownership Type, Wisconsin 1997-2004



Source: Annual Survey of Home Health Agencies, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- The total number of Wisconsin home health patients using Medicare as a source of payment increased 3 percent in 2004 (to 41,319). Proprietary agencies had the highest rate of increase (19 percent). The number of Medicare patients increased 10 percent for governmental agencies, and less than 1 percent for nonprofit agencies.

Figure 13. Home Health Patients Using Medicaid as Source of Payment by Ownership Type, Wisconsin 1997-2004



Source: Annual Survey of Home Health Agencies, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- The total number of home health patients using Medicaid as a payment source increased 4 percent in 2004 (to 11,831). This overall increase reflected an 8 percent increase in Medicaid patients served by governmental agencies, a 5 percent increase in Medicaid patients served by nonprofit agencies, and a 3 percent increase in Medicaid patients served by proprietary agencies.

Table 19. Medicare Payments to Home Health Agencies by Ownership Type, Wisconsin 2004

Payment Source	State Total	Ownership of Agency		
		Governmental	Nonprofit	Proprietary
Medicare	\$106,681,560	\$7,149,865	\$85,505,800	\$14,025,895

Source: Annual Survey of Home Health Agencies, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: The dollar amounts shown in this table were unaudited at the time they were reported on the Annual Survey of Home Health Agencies. Agencies that closed during the year did not report (see Introduction).

- In 2004, Medicare payments as reported by home health agencies statewide totaled \$106.7 million, an increase of 8 percent from \$98.5 million in 2003. The number of home health patients using Medicare as a source of payment increased 3 percent in 2004.

Table 20. Medicaid Payments to Home Health Agencies and Other Home Care Providers as Reported by the Wisconsin Division of Health Care Financing, Wisconsin FY 2004

State Fiscal Year	Home Health Agencies	Other Home Care Providers	Home Care Industry Total
2004	\$64,293,168	\$123,491,100	\$187,784,267

Source: Wisconsin Medicaid, Division of Health Care Financing, Department of Health and Family Services.

Note: Dollar amounts shown in this table include all Medicaid payments to Wisconsin home health agencies for State Fiscal Year 2004 (July 1, 2003 – June 30, 2004). The amounts reported in the “Home Health Agencies” category include payments to agencies providing home health services only, as well as to agencies providing home health and personal care services. The “Other Home Care Providers” category includes amounts paid to agencies that provided personal care *only*, and to independent nurses providing private duty nursing services, including private duty nursing to ventilator-dependent recipients.

- In State Fiscal Year 2004, total Medicaid payments to the state’s home care industry, as reported by the Wisconsin Division of Health Care Financing, were approximately \$15.2 million more than in SFY 2003. This represents an increase of 9 percent. DHCF-reported payments to home health agencies only (excluding other home care providers) increased by \$3.6 million, or 6 percent.

Technical Notes

OASIS Data (Tables 9, 10, 11, 12, 13, and 14)

The detailed patient-based data in these tables were derived from the federally mandated Home Health Care Outcome and Assessment Information Set (OASIS). Home health agencies collect OASIS data as part of a comprehensive assessment of each patient used to develop the patient's plan of care, assess that care over the course of treatment, and improve the quality of care provided. OASIS includes information on medical conditions and patient history; medical, physical, mental and cognitive status; drug therapy; and other measures of mental and physical well-being. It also includes information on living arrangements and supportive assistance, and needs for assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs).

Although the OASIS database also includes data from some patients who used payment sources other than Medicare and/or Medicaid, those records are excluded from this report because OASIS reporting is mandated only for home health patients at the skilled level of care who use Medicare and/or Medicaid. Data for other patients are submitted voluntarily by home health agencies and thus are not fully representative. The OASIS data presented in this report, while an important source of patient-based information, are not representative of all patients receiving home health services in Wisconsin.

To reflect the profile of all home health patients who used Medicare and/or Medicaid and received skilled care, Tables 12, 13, and 14 included data from all types of assessments: start of care; resumption of care after an inpatient stay; follow-up assessments, such as after recertification; transfer to an inpatient facility; and discharge from agency. These three tables are based on data from 40,627 patient records (58 percent of all Wisconsin home health patients).

Tables 9, 10, and 11 provide information about the health status of patients, so only records from the latest "start of care" assessment were used. That is, if a patient had more than one "start of care" assessment in 2004, the latest was used. These three tables are based on data from 32,690 patient records (47 percent of all Wisconsin home health patients).

Definitions for Activities of Daily Living (ADLs):

Ambulation/locomotion: Ability to SAFELY walk, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.

Transferring: Ability to move from bed to chair, on and off toilet or commode, into and out of tub or shower, and ability to turn and position self in bed if patient is bedfast.

Toilet Use: Ability to get to and from the toilet or bedside commode.

Bathing: Ability to wash entire body. Excludes grooming (washing face and hands only).

Eating: Ability to feed self meals and snacks. Note: this refers only to the process of eating, chewing, and swallowing, not preparing the food to be eaten.

Definitions for Instrumental Activities of Daily Living (IADLs):

Shopping: Ability to plan for, select, and purchase items in a store and to carry them home or arrange delivery.

Housekeeping: Ability to safely and effectively perform light housekeeping and heavier cleaning tasks.

Laundry: Ability to do own laundry – to carry laundry to and from washing machine, to use washer and dryer, to wash small items by hand.

Transportation: Physical and mental ability to safely use a car, taxi, or public transportation (bus, train, and subway).

Family Care (Figure 11, Page 28)

Family Care is a program being piloted in nine Wisconsin counties: Fond du Lac, La Crosse, Milwaukee (serving the elderly population only), Portage, Richland, Kenosha, Marathon, Trempealeau, and Jackson. The programs in four of these nine counties (Kenosha, Marathon, Trempealeau, and Jackson counties) have resource centers only (see below). Family Care serves people with physical disabilities, people with developmental disabilities, and frail elders, with the goals of:

- Giving people better choices about where they live and what kinds of services and support they get to meet their needs.
- Improving access to services.
- Improving quality through a focus on health and social outcomes.
- Creating a cost-effective system for the future.

Family Care has two major organizational components:

1. Aging and disability resource centers, designed to be single-entry points where older people and people with disabilities and their families can get information and advice about a wide range of resources available to them in their local communities.
2. Care management organizations (CMOs), which manage and deliver the Medicaid-funded Family Care benefit. The Family Care benefit combines funding and services from a variety of existing programs into one flexible long-term care benefit, tailored to each individual's needs, circumstances and preferences. CMOs offer the Family Care benefit package in five counties: Fond du Lac (opened in February 2000), La Crosse and Portage counties (April 2000), Milwaukee (July 2000, serving the elderly population only), and Richland (January 2001).

For details of the services provided by Family Care, please visit:

<http://www.dhfs.state.wi.us/LTCare/Generalinfo/WhatIsFC.htm>

Prospective Payment System (PPS)

Under Medicare's prospective payment system or PPS, home health agencies receive a single payment for all items and services furnished during each 60-day episode of care for a Medicare beneficiary, regardless of the services actually delivered during the period. There is no limit on the number of episodes a beneficiary may have. The base payment is adjusted to reflect patient characteristics that have been shown to affect service use; payments for patients expected to use the most services in an episode will be over five times the payment for patients expected to use the fewest services. Each episode payment is also adjusted for differences in labor costs across geographic areas. Medicare makes outlier payments for certain extremely high-cost episodes of care.

Technical Notes

Source for National Data:

U.S. Government Accountability Office, *Medicare Home Health Utilization by State* (GAO-02-782R). May 23, 2002.

ATTACHMENT I 2004 ANNUAL SURVEY OF HOME HEALTH AGENCIES

The Statistical Summary is to be provided by agencies submitting an annual report. If you have questions about completing Attachment I, call Jane Conner (608-267-9055), Kitty Klement (608-267-9490), Lu Ann Hahn (608-266-2431), or Kim Voss (608-267-1420).

Time Periods:

The Statistical Summary requests information from varying time periods. Some questions refer to the entire calendar year, (January 1 - December 31, 2004); others refer to a specific day (January 1 or December 31, 2004). Financial information is requested for the agency's last closed fiscal year. Be careful to answer questions for the correct time period.

Patient Counts:

Patients are counted two ways:

1. Only once to determine the number of individual patients the agency served by county.
2. Multiple times, when appropriate to identify the number of patients who received various types of services, whose payments came from various pay sources, and who were admitted and/or discharged from various places and programs.

In some instances, patient counts in one question must equal patient counts in other questions. When this is the case, a footnote is used as a reminder.

Diagnoses Reporting:

All diagnostic categories in Section VII, A. are based on the ICD-9-CM classification system, Volumes 1,2,3 -- 2004.

Follow-up for corrections/clarifications:

All responses will be edited for completeness, accuracy and clarity. If any problems are found, the contact person named below will be telephoned for corrections/clarifications.

Selected definitions are incorporated into the survey form. Read them carefully before filling out the survey.

OUT OF STATE AGENCIES SHOULD REPORT WISCONSIN DATA ONLY.

Person responsible for completing Attachment I
(This is who will be contacted if further information is required.)

Contact person's area code/telephone number

Area Code/Fax Number

Email Address

Home health agency's area code/telephone number
(This number will be published in the Home Health Directory.)

Does the agency have Internet access? ☐ 1. Yes ☐ 2. No

If you are the contact person for *another* home health agency, list the name, city and license number of that agency below.

Name

City

License No.

I certify that I have reviewed the information reported in this document for accuracy and the information is true and correct.

Name of Administrator (**type or print**)

SIGNATURE - Administrator

Date signed

STATISTICAL SUMMARY

I. GENERAL INFORMATION

- A. If the agency began operation after January 1, 2004, provide the date operations began / /
Month Day Year
- B. 1. Is the agency a department of a hospital? ☐ 1. Yes ☐ 2. No
2. If no, is the agency formally affiliated with a hospital? ☐ 1. Yes ☐ 2. No
If "yes" was answered to (1) or (2), specify name of hospital and city:

- C. Is the agency certified for Medicare (Title 18)? ☐ 1. Yes ☐ 2. No
- D. Is the agency certified by Medicare and/or Medicaid to
provide Hospice Care? (*Do not include hospice data on this survey.*) ☐ 1. Yes ☐ 2. No
- E. Is the agency certified by Medicaid (Title 19)? ☐ 1. Yes ☐ 2. No
- F. Is the agency certified by Medicaid for Personal Care Services? ☐ 1. Yes ☐ 2. No

II. SERVICES PROVIDED

A. Shared Home Health Services:

1. Does the agency share cases with other home health agencies? ☐ 1. Yes ☐ 2. No
If yes, how many patients were considered shared cases in 2004?
2. Does the agency share cases with personal care agencies? ☐ 1. Yes ☐ 2. No
If yes, how many patients were considered shared cases in 2004?
3. Does the agency share cases with nurses in independent practice? ☐ 1. Yes ☐ 2. No
If yes, how many patients were considered shared cases in 2004?

B. Other Types of Services:

1. Did the agency provide services at Community Based Residential Facilities? ☐ 1. Yes ☐ 2. No
(Defined in Wis. Stats., Chap. 50.01(1g) as 5 or more unrelated adults reside and receive care, treatment or services above the level of room and board but not including nursing care.)
If yes, as of December 31, 2004, how many patients were receiving services?
2. Did the agency provide services at adult family homes? ☐ 1. Yes ☐ 2. No
(Defined in Wis. Stats., Chap. 50.01(1) as a private residence where 3-4 unrelated adults reside and receive care, above the level of room and board but not including nursing care. Is certified under 50.032 and licensed under 50.033.)
If yes, as of December 31, 2004, how many patients were receiving services?
3. Did the agency provide services at residential care apartment complexes? ☐ 1. Yes ☐ 2. No
If yes, as of December 31, 2004, how many patients were receiving services?
4. Did the agency provide services at adult day care centers? ☐ 1. Yes ☐ 2. No
If yes, as of December 31, 2004, how many patients were receiving services?
5. Did the agency provide other types of services? ☐ 1. Yes ☐ 2. No
If yes, please describe:

II. SERVICES PROVIDED (continued)

C. Statistics [HFS 133]

Type of Service: Report the information below for the calendar year 2004.

Home Health services are performed by home health staff, either a registered nurse, a home health aide under the supervision of a registered nurse, a licensed practical nurse, or a licensed therapist.

Personal Care services are performed by personal care workers, under the supervision of a registered nurse.

Number of Patients: Report the number of patients, by type of service. Patients are to be counted in each type of service category to reflect all services received. Patients may be counted in more than one category, but can only be counted once within any single category. For example, if a patient received skilled nursing service at two different points in time during the year, he/she should be counted as one patient in the skilled nursing category. If a patient received skilled nursing care and also received home health aide service, count the patient twice; once for skilled nursing care and once for home health aide service.

Number of Visits: A visit is defined as one of the following: a) A home health visit is an encounter with a home care recipient where medically necessary care is provided by a physician, nurse, therapist, medical social worker or home health aide, for the purpose of rendering medically oriented home care services; b) A personal care visit is an activity required in the plan of care which is related to assisting an individual with medically necessary activities of daily living necessary to maintain the individual in his or her place of residence in the community; or c) A supervisory visit is an on-site authoritative procedural guidance to the home health aide, provided by the registered nurse or therapist.

Count as one visit each time a visit is made to the patient, regardless of the length of time spent with the patient. The number of visits may be greater than the number of patients due to multiple visits to a patient.

Total Hours: Include only actual care time; **exclude travel and charting time. Round to the nearest whole hour. No decimals.**

Charge Per Visit: Report the agency's end of the year "usual and customary" **Per Visit** rate. This is the rate that the agency charged patients for each service. Report per-hour rates for private duty nursing, personal care and homemaker services.

Type of Service	Number of Patients	Number of Visits	Total Hours	Charge per Visit
Home Health Services include skilled nursing, physical therapy, occupational therapy, speech and language therapy, home health aide services, medical social services, or respiratory therapy provided by a qualified individual in accordance with a patient's plan of care. Also includes private duty nursing for reporting purposes.				
1. Skilled Nursing (include medication management, on-going assessment, supervisory visit, etc.)				\$
2. Physical Therapy				\$
3. Occupational Therapy				\$
4. Speech Therapy				\$
5. Medical Social Service				\$
6. Home Health Aide				\$
7. Private Duty Nursing (Ventilator-Dependent)				\$
8. Private Duty Nursing (Excluding Ventilator-Dependent)				\$ 1
9. Other Therapeutic Home Health Care Specify:				
Personal Care Services include activities to assist an individual with activities of daily living necessary to maintain the individual in his/her place of residence in the community. It may include assistance with bathing, transferring, personal hygiene, changing bedding and clothing, toileting, meal preparation, light housekeeping and other services specified in HFS 107.112.				
10. Personal Care				\$ 1
11. Personal Care RN Supervisory Activities				\$
12. Homemaker Service				\$ 1
13. Other Non-therapeutic Care Specify:				
TOTAL (1 - 13)				

1 Please report the hourly rate for private duty nursing, personal care and homemaker services.

NOTE: The number of patients in any single service category above, (1-13), cannot be greater than the total number of individual patients listed on page 7, question F, line 3.

III. FINANCIAL DATA: *Fill out completely. Also submit your most recent Financial Report to substantiate your responses.*

A. Indicate the FISCAL PERIOD used (i.e., the last closed fiscal year).

Beginning Date ____/____/____
 month day year

Ending Date ____/____/____
 month day year

Please round all figures to the nearest dollar.

*******NO DECIMALS*******

B. REVENUE

1. Sources of gross revenue:

- a. Medicare \$ _____
- b. Medicaid \$ _____
 - 1. Home Health Medicaid \$ _____
 - 2. Personal Care Medicaid \$ _____
- c. Other federal government (e.g., TRICARE (Champus), VA) \$ _____
- d. State government sources \$ _____
 - 1. COP Program \$ _____
 - 2. Other state government (e.g., CIP, OAA) \$ _____
 - 3. Family Care Program \$ _____
- e. All other government sources \$ _____
- f. Third party payer (Private Ins., HMOs, Other Managed Care) \$ _____
- g. Self pay \$ _____
- h. Other non-governmental sources \$ _____
- i. **Total sources of gross patient revenue** (sum of lines 1.a through 1.h) \$ _____

2. Deductions from revenue:

- a. Medicare¹ \$ _____
- b. Medicaid¹ \$ _____
- c. Other government \$ _____
- d. Third party payer (Private Ins., HMOs, Other Managed Care)..... \$ _____
- e. Bad debts (include denials by third party payers) \$ _____
- f. Charity or Charitable contributions \$ _____
- g. Other deductions \$ _____
- h. **Total deductions** (sum of lines 2.a through 2.g) \$ _____

3. **Net Patient Revenue** (1.i minus 2.h) \$ _____

4. Donations \$ _____

5. Other Revenue (*specify:* _____) \$ _____

6. **Total Agency Revenue** (sum of lines 3 + 4 + 5) \$ _____

¹ If Medicare or Medicaid reimbursement is below your charge, record the difference as a deduction to that category.

C. EXPENSES

1. **Payroll expenses** (include only wages and salaries) \$ _____

2. **Non-payroll expenses:**

- a. Employee Benefits (social security, group Ins., retirement, etc.) \$ _____
- b. Professional fees (contracted staff) \$ _____
- c. Travel expenses for patient services (car rental, mileage, etc.) \$ _____
- d. All other non-payroll expenses \$ _____
- e. **Total non-payroll expenses** (sum of lines 2.a through 2.d) \$ _____

3. **Total expenses** (sum of lines 1 + 2.e) \$ _____

IV. NUMBER OF PATIENTS BY PAY SOURCE

For the calendar year 2004, report the number of patients served by pay sources. Report patients in a pay source category only if the agency received monies for the patient from that particular pay source. If the agency received monies for a patient from more than one pay source during the year, include the patient in the count for all appropriate pay source categories.

Pay Source	Number of Patients
1. a. Medicare (excluding Title 18 Managed Care/HMOs)	_____
b. Medicare (Managed Care/HMOs)	_____
c. Total Medicare (a + b)	_____
2. a. Medicaid (excluding Title 19 Managed Care/HMOs)	_____
b. Medicaid (Managed Care/HMOs)	_____
c. Total Medicaid (a + b)	_____
3. Family Care Program	_____
4. Block Grants	_____
5. a. Private Insurance (except Managed Care/HMOs)	_____
b. Private (Managed Care/HMOs)	_____
c. Total Private Insurance (a + b)	_____
6. Self Pay	_____
7. Other (specify: _____)	_____
8. TOTAL	_____ *

* **TOTAL MUST NOT** be less than the Total individual patient count on page 7, question F, line 3.

V. ADMISSIONS & DISCHARGES

Please record the number of patients admitted to and discharged from the agency's program during 2004 for each of the following areas. Count patients as many times as necessary for Sections B and D.

A. Number of patients on the agency's open caseload on January 1, 2004

(As reported on the 2003 survey, Page 7, E. If different, explain the change/reason.)

(Any admissions on or after January 1, 2004 should be listed below on line B, NOT on line A above.)

1. Of the number of patients who were on the agency's open caseload beginning January 1, 2004 (Line A above), how many of those patients are also listed as an admission(s) during 2004 on Line B.10?

B. Admissions during the year from:

(Report all admissions to the agency, regardless of the number of times an individual person was admitted. For example, if the same person was admitted ten times during 2004, count each and every admission.)

1. private residences (exclude patients who had been in a location listed on lines B.2 - B.9 within 2 weeks prior to admission):
2. general hospitals
3. psychiatric hospitals
4. facilities for the developmentally disabled
5. community based residential facilities (CBRF)
6. nursing homes
7. adult family homes
8. alternate care programs (*specify:*)
(e.g., free standing rehabilitation, subacute care, supervised apartment living program, group home, homeless shelter, domestic abuse shelter)
9. other (*specify:*)

10. **TOTAL ADMISSIONS** (sum of lines B.1 through B.9)

C. Of the Total Admissions (line B.10, above) how many:

1. Were readmissions?
(Readmissions are the number of admissions above and beyond a patient's first admission during 2004. If an individual was formally admitted more than once during the calendar year, count each admission, except the first one, as a readmission. For example, if a patient was formally admitted to the agency five times during the calendar year, that would be five admissions of which four were readmissions.)
2. Used Medicare as their primary pay source **at the time of admission?**
3. Used Medicaid as their primary pay source **at the time of admission?**

V. ADMISSIONS & DISCHARGES (continued)

D. Discharges during the year to:

1. private residences
2. general hospitals
3. psychiatric hospitals
4. facilities for the developmentally disabled
5. community based residential facilities (CBRF)
6. nursing homes
7. adult family homes
8. alternate care programs (*specify:*)
9. hospice
10. deaths
11. other (*specify:*)
12. **Total Discharges** (include deaths) (sum of lines D.1 through D.11)

E. Persons on the caseload on December 31, 2004
(Page 6, line A, plus line B.10, minus Page 7, line D.12.)

F. Please report the Total Number of Individual Patients for 2004, using the following formula to calculate the total.

1. Patients on January 1, 2004 caseload (page 6, line A)
Minus page 6, line A1 (1/1/04 patients also counted as an admission during 2004)

Subtotal
2. Admissions (page 6, line B.10)
Minus Readmissions (page 6, line C.1)
Equals the Number of Patients Admitted

Subtotal
3. **Total** individual patient count (unduplicated) for 2004. (add subtotals from F.1 and F.2)
(The number reported here **MUST** equal the "TOTALS" at the bottom of Pages 8, 9 and 10.)

G. How many persons requesting the agency's services were turned away because the agency could not reasonably expect to meet the medical, nursing and social needs of the patient adequately (HSF 133.0(1))?

VI. MARKET AREA

COUNTY OF SERVICE DELIVERY

Report the total individual patients cared for during 2004 as reported on page 7, question F, line 3.

COUNTY	Number of Home Health Patients During 2004
Adams	
Ashland	
Barron	
Bayfield	
Brown	
Buffalo	
Burnett	
Calumet	
Chippewa	
Clark	
Columbia	
Crawford	
Dane	
Dodge	
Door	
Douglas	
Dunn	
Eau Claire	
Florence	
Fond du Lac	
Forest	
Grant	
Green	
Green Lake	
Iowa	
Iron	
Jackson	
Jefferson	
Juneau	
Kenosha	
Kewaunee	
La Crosse	
Lafayette	
Langlade	
Lincoln	
Manitowoc	
Marathon	
Marinette	
Marquette	
Menominee	

COUNTY	Number of Home Health Patients During 2004
Milwaukee	
Monroe	
Oconto	
Oneida	
Outagamie	
Ozaukee	
Pepin	
Pierce	
Polk	
Portage	
Price	
Racine	
Richland	
Rock	
Rusk	
St. Croix	
Sauk	
Sawyer	
Shawano	
Sheboygan	
Taylor	
Trempealeau	
Vernon	
Vilas	
Walworth	
Washburn	
Washington	
Waukesha	
Waupaca	
Waushara	
Winnebago	
Wood	
Out of State	
Illinois	
Iowa	
Michigan	
Minnesota	
Other States	
TOTAL (in and out-of-state)	*

* TOTAL **MUST** equal the Total individual patient count on page 7, question F, line 3.

VII. PATIENT CHARACTERISTICS

- A. Age and Primary Diagnosis** for total individual patients treated during 2004 as reported on page 7, question F, line 3.
Each patient should be recorded only once, in the category which best explains why he/she is receiving services.
(i.e., the diagnosis accounting for the greatest resource consumption during the patient's illness or the chief reason for the patient's admission.)

Shaded areas appear for readability purposes only. These areas do need to be filled in.

PRIMARY DIAGNOSIS	Age									
	0 to 3	4 to 18	19 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 to 84	85+	Total
HIV Infection, AIDS (042)										
Other Infectious & Parasitic Diseases (001-041, 045-139)										
Cancer (140-239)										
Diabetes (250)										
Dehydration (276)										
Diseases of Blood & Blood Forming Organs (280-289)										
Senile Dementia (290)										
Psychoses (291-299)										
Neurotic Disorders (300-316)										
Mental Retardation (317-319)										
Dis. of Central Nervous System & MS (320-341, except 331.0)										
Alzheimer's Disease (331.0)										
Paralysis (342, 344)										
Cerebral Palsy (343)										
Disorders of Eye and/or Ear (360-389)										
Cardiovascular (other than stroke) (390-435, 440-459)										
Stroke (436-438)										
Respiratory (460-519)										
Digestive Disorders (520-579)										
Genitourinary System (580-629)										
Pregnancy & Childbirth (630-676)										
Arthropathies, Dorsopathies, & Rheumatism (710-729)										
Osteopathies (730-739)										
Congenital Anomalies (740-759)										
Conditions Originating in the Perinatal Period (760-779)										
Ill-defined Conditions (780-799)										
Fractures, Dislocations & Sprains (800-848)										
Wounds, Burns, & Other Injuries (850-959)										
Poisoning & Toxic Effects (960-989)										
Complications of Surgery (996-999)										
Other Conditions										
TOTAL										*

* TOTAL **MUST** equal the Total individual patient count on page 7, question F, line 3. **NOTE:** Totals by age, **MUST** equal age totals on page 10.

VII. PATIENT CHARACTERISTICS (continued)

B. Age, Race, Gender and Hispanic Origin of Patients

Report each patient treated during 2004 (as reported on page 7, question F, line 3) in the appropriate categories on the table below.

Each patient should be entered in:

- an age and race category;
- an age and gender category;
- and when appropriate, an age and Hispanic/Latino category.

(Be sure to include each Hispanic person in an appropriate race category. Hispanic is not considered a race.)

When possible, use the patients' self-identification of race/ethnicity. Otherwise, the agency should make a "best guess".

	Age									Total
	0 to 3	4 to 18	19 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 to 84	85+	
Race										
White										
Black or African American										
American Indian ¹										
Asian or Pacific Islander ²										
Other Specify:										
TOTAL										(a)
Gender										
Males										(b)
Females										(c)
Total males, (line b), plus total females, (line c), MUST equal the Total number of patients, (line a).										
Total number of patients, (line a), MUST equal the Total individual patient count, page 7, question F, line 3.										
Hispanic/Latino³										

NOTE: Totals by age on line (a), **MUST** equal age totals on page 9.

¹ Includes members of tribes indigenous to the Americas including Eskimo and Aleut.

² Includes Southeast Asian.

³ Includes individuals of Hispanic/Latino descent (e.g., Mexican, Cuban, Puerto Rican, Central or South American, Spain, etc.)

Hispanic is representative of an ethnicity (i.e., there are black, white, American Indian people of Hispanic ethnicity, culture or descent.)

Do the **individual age category totals, (line a),** equal the corresponding age category totals reported on Page 9? ☐ 1. Yes ☐ 2. No

(THESE MUST MATCH.)

VIII. STAFFING

Personnel: Report the number of personnel *employed* by the agency during the week of November 28 - December 4, 2004. Include staff on vacation or other paid leave. Out-of-state agencies should report only staff time serving Wisconsin patients.

Full-Time Persons: Report the number of persons employed full-time (37 ½ hours or more per week).

Part-Time Persons: Report the number of persons employed part-time (less than 37 ½ hours per week).

Part-Time Hours: For each employed person working less than full-time hours, report the number of hours worked in that position. If a person serves in more than one job position, place an asterisk (*) next to the job title, record the hours worked in the part-time hours column for each position, but only record the person once in the part-time person column for the job position worked the most hours. (e.g., A person may work as a Home Health Aide for 25 hours and may also work as a Personal Care Worker for 15 hours. Record "25" in the part-time hours column for Home Health Aides, and record "15" in the part-time hours column for Personal Care Workers. Record a "1" in the part-time persons column for Home Health Aides, since the majority of the hours were worked in that capacity).

ROUND HOUR FIGURES TO THE NEAREST WHOLE HOUR. NO DECIMALS.

Contracted Staff Persons: Report the number of persons providing services through a formal contractual arrangement.

Staff On Leave: Report the number of persons employed by the home health agency but temporarily on leave of absence, (e.g., maternity/paternity leave, educational leave, family leave, etc.).

DO NOT WRITE IN SHADED AREA

(NO FTE'S)

DO NOT WRITE IN SHADDED AREA

EMPLOYEE CATEGORY	Full-time Persons	(NOTES) Part-Time Persons		Contracted Staff (No. of Persons)	Staff on Leave
		Personnel	Total Hours		
Administrative Staff					
1. Administrator					
2. Registered Nurse Supervisor					
Nursing Staff					
3. Registered Nurses					
4. Licensed Practical Nurses					
Therapeutic Staff					
5. Home Health Aides					
6. Physical Therapists					
7. Registered Occupational Therapists					
8. Speech Pathologists					
9. Respiratory Therapists					
10. Medical Social Workers					
11. Other, (e.g., dietitian, pharmacist, audiologist) Specify:					
Other Staff					
12. Personal Care Workers					
12a. Related to Patient					
12b. Not Related to Patient					
13. Homemakers					
14. Other, (e.g., office staff, etc.)					
TOTAL (sum of lines 1 - 14, excluding 12a. & 12b.)					

Number of hours in work week?
(Enter as a 3-digit number, e.g., 40.0, 37.5, 35.0, etc.)

